Filing Company: SunAmerica Annuity and Life Assurance State Tracking Number:

Company

Company Tracking Number: ASA-579 (5/12) ET AL.

TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium

Variable and Variable

Product Name: Application

Project Name/Number: /

Filing at a Glance

Company: SunAmerica Annuity and Life Assurance Company

Product Name: Application SERFF Tr Num: SALA-128364253 State: Arkansas TOI: A02.1G Group Annuities - Deferred Non-SERFF Status: Closed-Approved-State Tr Num:

Variable and Variable Closed

Sub-TOI: A02.1G.002 Flexible Premium Co Tr Num: ASA-579 (5/12) ET AL. State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Tina Smith, Aly Lopez Disposition Date: 06/05/2012

Date Submitted: 05/31/2012 Disposition Status: Approved-

Closed

Implementation Date Requested: Implementation Date:

State Filing Description:

Filing Type: Form

General Information

Project Name: Status of Filing in Domicile: Authorized

Project Number: Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments: Arizona, our

domiciliary state, exempts this filing per ARS

20-1110.F and R20-6-218.

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Small and Large

Group Market Type: Discretionary Overall Rate Impact:

Filing Status Changed: 06/05/2012

State Status Changed: 06/05/2012 Deemer Date:

Created By: Aly Lopez Submitted By: Aly Lopez

Corresponding Filing Tracking Number:

Filing Description:

The mentioned out-of-state group annuity Application forms are being submitted for your review and approval. They are new forms and are not intended to replace any application forms previously approved by your Department. The applications are to be used with approved annuity contracts when appropriate.

The submitted application forms are similar to the previously approved application forms ASA-579 (10/09); ASA-579-1

Filing Company: SunAmerica Annuity and Life Assurance State Tracking Number:

Company

Company Tracking Number: ASA-579 (5/12) ET AL.

TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium

Variable and Variable

Product Name: Application

Project Name/Number:

(10/09) approved on 11/17/09 under DOI Filing #44068.

The changes from the previously approved versions for ASA-579 (5/12) and ASA-579-1 (5/12) are the product selection under section 1, the optional feature selections under item 6(a), investment selections under section 7, instructional clarification under section 9a, addition of agent disclosure and addition of a 3rd agent. Other than the mentioned changes and form number the Application verbiage remains the same as the approved version.

The changes from the previously approved version for form ASA-579LP (5/12) are the same as indicated above for ASA-579 (5/12) in addition, the revision of the statement of owner under section 9(c).

We have provided a redline copy of the changes for your ease in review.

To the best of our knowledge and belief, this submission is in compliance with the statutes and regulations of your state and contains nothing that had been previously objected to or disapproved by your department. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

If you have any questions regarding this filing, please call me at the following toll free telephone number (800) 871-2000 x6195 or fax (310) 772-6569 or email alopez@sunamerica.com.

State Narrative:

Company and Contact

Filing Contact Information

Aly Lopez, Contract Analyst II alopez@sunamerica.com

1999 Ave of the Stars 800-871-2000 [Phone] 6195 [Ext]

37th Floor 310-772-6569 [FAX]

Los Angeles, CA 90701

Filing Company Information

SunAmerica Annuity and Life Assurance CoCode: 60941 State of Domicile: Arizona

Company

1999 Ave of the Stars Group Code: Company Type: Annuity

37th Floor Group Name: AIG State ID Number:

Los Angeles, CA 90067 FEIN Number: 86-0198983

(800) 871-2000 ext. [Phone]

Filing Company: SunAmerica Annuity and Life Assurance State Tracking Number:

Company

Company Tracking Number: ASA-579 (5/12) ET AL.

TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium

Variable and Variable

Product Name: Application

Project Name/Number: /

Filing Fees

Fee Required? Yes

Fee Amount: \$150.00

Retaliatory? No

Fee Explanation: \$50 per form, 3 forms filed

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

SunAmerica Annuity and Life Assurance \$150.00 05/31/2012 59581306

Company

Filing Company: SunAmerica Annuity and Life Assurance State Tracking Number:

Company

Company Tracking Number: ASA-579 (5/12) ET AL.

TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium

Variable and Variable

Product Name: Application

Project Name/Number: /

Correspondence Summary

Dispositions

Status Created By		Created On	Date Submitted		
Approved-	Linda Bird	06/05/2012	06/05/2012		

Filing Company: SunAmerica Annuity and Life Assurance State Tracking Number:

Company

Company Tracking Number: ASA-579 (5/12) ET AL.

TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium

Variable and Variable

Product Name: Application

Project Name/Number: /

Disposition

Disposition Date: 06/05/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Filing Company: SunAmerica Annuity and Life Assurance State Tracking Number:

Company

Company Tracking Number: ASA-579 (5/12) ET AL.

TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium

Variable and Variable

Product Name: Application

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status Public Access
Supporting Document	Flesch Certification	Yes
Supporting Document	Application	No
Supporting Document	Life & Annuity - Acturial Memo	No
Supporting Document	Redline	Yes
Form	Deferred Annuity Application/Enrollment	Yes
	Form	
Form	Application/Enrollment Form	Yes
Form	Application/Enrollment Form	Yes

Filing Company: SunAmerica Annuity and Life Assurance State Tracking Number:

Company

Company Tracking Number: ASA-579 (5/12) ET AL.

TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium

Variable and Variable

Product Name: Application

Project Name/Number: /

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Status						
	ASA-579	Application/Deferred Annuity	Initial		52.200	ASA-579 (5-
	(5/12)	Enrollment Application/Enrollme				12) cln.pdf
		Form nt Form				
	ASA-579-1	Application/Application/Enrollme	Initial		51.600	ASA-579-1
	(5/12)	Enrollment nt Form				(5-12) cln.pdf
		Form				
	ASA-579LF	PApplication/Application/Enrollme	Initial		52.200	ASA-579LP
	(5/12)	Enrollment nt Form				(5-12)
		Form				CLN.pdf

Deferred Variable Annuity Application/Enrollment Form ("Application") SunAmerica

SunAmerica Annuity and Life Assurance Company Domicile State: Arizona Annuity Service Center 21650 Oxnard Street, Suite 750 Woodland Hills, CA 91367-4997 New Business Documents with checks: P.O. Box 100330 Pasadena, CA 91189-0330

without checks: P.O. Box 54299 Los Angeles, CA 90054-0299 overnight with checks: 2710 Media Center Drive Building #6, Suite 120 Los Angeles, CA 90065-1750 without checks: 21650 Oxnard Street, Suite 750 Woodland Hills, CA 91367-4997

☎ 1-800-445-7862 <u>www.sunamerica.com</u>

The → indicates a required response. Please print or type

→1Product Selection (S in which this Application is				mediately. Solic	itation state	indicates	the state
Select one product name (Shar	e Class)			Solicitation sta	ate		
[☐ Polaris Platinum III (B) II (Bonus)]	☐ Polaris Choice IV (L)	☐ Polaris	Advantage	(Enter two-ch	aracter stat	e code)	
→2Owner(s) / Participa	nnt(s) ("Owner") Info	rmation					
Name						Male	☐ Female
Address		_City			State	ZIP_	
Birth Date/	SSN or TIN	Phone ()	Email			
Joint Owner (if applicable)							
Name:						Male	☐ Female
Address		_City			State	ZIP_	
Birth Date/	SSN	Relation	ship to Owner _		Phone (_)	
→3Annuitant(s) Inform	ation (Complete only if dig	fferent from C	wner)				
Name						Male	☐ Female
Address		_City			State	ZIP_	
Birth Date/ SS	SNPho	one (<u>)</u>		Email			
Joint Annuitant (if applicable)							
Name						_ Male	☐ Female
Address		_City			State	ZIP_	
Birth Date / / S	SNPho	ne (<u>)</u>					

ANNUITY PAYMENTS AND VALUES PROVIDED BY THE CONTRACT, WHEN REDEEMED, ARE VARIABLE, ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT, AND MAY BE WORTH MORE OR LESS THAN THE TOTAL AMOUNT INVESTED.

For applicants in Alaska only: If You are not satisfied with the Certificate, You may return it to Our Annuity Service Center or to the agent through whom it was purchased within 10 days (30 days if the Certificate replaced any other life insurance or annuity contract(s)) after You receive it. The Company will refund the greater of Purchase Payment(s) paid or the Certificate Value on the business day during which the Certificate is received. If the Certificate replaced any other life insurance or annuity contract(s), the Company will refund the Certificate Value on the business day during which the Certificate is received. Upon any refund, the Certificate shall be void. Upon your written request, we will provide you with factual information regarding benefits and provisions of the annuity Certificate within 10 days.

For applicants in Arizona only: Upon your written request, we will provide you, within a reasonable period of time, factual information regarding the benefits and provisions of the variable annuity Contract for which you are applying. If for any reason you are not satisfied with the Contract, you may return the Contract within ten days (30 days if you are age 65 or older on the date of the application or if the Contract replaced any other life insurance or annuity contract(s)) after you receive it. You will receive an amount equal to the sum of (1) the difference between the premiums paid and the amounts allocated to any account under the Contract and (2) the Contract Value on the date the returned Contract is received by our Company or agent. Upon such refund, the Contract will be void.

ASA-579 (5/12)

→ 4Beneficiary Information

Please complete the beneficiary information below. Additional beneficiaries, if any, can be listed on a separate document and submitted with this Application. Note: If any living benefit is elected with Joint Life (2 covered persons) under Section 6(a) below, you must provide the spousal beneficiary information below.

If the beneficiary type is not selected, the beneficiary will be designated as "primary." Multiple beneficiaries will share the death benefit equally unless otherwise specified. For non-individually owned, custodially held IRAs, 457, and qualified plans, if no beneficiary is listed, the beneficiary will default to the Owner listed on this Application.

Name (First, MI, Last)	Birth Date/ Trust Date	Beneficiary Type	Relationship	SSN/TIN	%
		☐ Primary			
		☐ Primary ☐ Contingent			
		☐ Primary ☐ Contingent			
		☐ Primary ☐ Contingent			
		☐ Primary ☐ Contingent			

→5Contract/Certificate ("Contract") Type and Source of Funds

Initial Payment: Make check payable to SunAmerica Annuity. If this is a 1035 Exchange or transfer, please complete the appropriate 1035 Exchange/Transfer form and submit it with this Application. See prospectus for minimum Purchase Payment amounts.

5a. Non-Qualified Contract Indicate type and amount of initial Payment below.		5b. Qualified Cont Indicate type of pla	ount below.		
☐ Amount enclosed: \$		Type of Plan for New Contract		Source of Funds	Amount
OR		□ IRA	□ 401(a)*	□ Transfer	\$
☐ 1035 Exchange		☐ Roth IRA	□ 401(k)*	☐ Rollover	\$
Estimated dollars: \$		□ SEP	457	□ Contribution	\$
		☐ Other	☐ Keogh	IRA Tax Year:	
		* Is plan subject to El	RISA? ☐ Yes ☐ No		

→6Optional Benefits

See your registered representative/licensed agent and/or the prospectus for information about optional elections, including availability, the maximum issue age and investment requirements.

6(a).	Optional	Living E	Benefit	Elections:	You MUST	complete:	section 6(a)

- II. If electing an Optional Living Benefit, you must check one box under the Living Benefit Features section below.

Dynamic Allocation Income Options SunAmerica Income Plus If you elect a → Option 1 -
Single Life – Up to 6% MAWA **Dynamic Allocation** ☐ Joint Life – Up to 5.5% MAWA* Income Option, Option 2 -
Single Life – Up to 7% MAWA ☐ Joint Life – Up to 6.5% MAWA* Provide your Option 3 -
Single Life – Up to 5.25% MAWA investment ☐ Joint Life – Up to 4.75% MAWA* instructions in Section 7(a). OR SunAmerica Income Builder ☐ Single Life – Up to 5% for Life ☐ Joint Life – Up to 4.5% for Life* *You must complete the spousal Beneficiary Information in Section 4.

If you elect a →

Custom Allocation
Income Option,
provide your
investment
instructions on
the attached

Investment Option

Election Form.

Custom Allocation Income Options

SunAmerica Income Plus with

"Custom Allocation"

□ Single Life – Up to 5% for Life

□ Joint Life – Up to 4.5% for Life*

- **6(b)**. Optional Death Benefit Election: *If the Maximum Anniversary Value Death Benefit is NOT elected, the beneficiary(ies) will receive the standard death benefit provided in the Contract.*
 - I.

 Maximum Anniversary Value (MAV)

ASA-579 (5/12)

→7Investment Se	lection / Optional I	Programs	
If you elected [SunAme Or [SunAmerica Incor ["Dynamic Allocation"	me Builder] with	Select your investment options and optional service features below. Do not complete the Investment Option Election Form (IOEF).	
If you elected [SunAme with "Custom Allocation of the sun are not electing of	ion"] <i>OR</i>	Skip 7(a) and continue with 7(b). Be sure to complete the Investment Option Election Form which must be signed and included with this Application to make specific investment choice	
If you are not electing a	-	os bacers Divel er [Cun America Income Duilder with "Dunemic Allegation Income Ontice	- 0 "1
Initial Purchase	Payment: We automat	ca Income Plus] or [SunAmerica Income Builder with "Dynamic Allocation Income Optior atically allocate 20% of your initial Purchase Payment to the Secure Value Account. You may a to Option 1 or Option 2 below; only select one of the options.	
quarterly to the or	riginal allocations. We	quired by the feature named above, if you selected Option 1 or 2 below, we rebalance your choice do not include the Secure Value Account in rebalancing.	
	aging: Invest gradually al Purchase Payment is	lly in my choice(s) below using the DCA Account I've checked here. DCA Program begins 30 d is received.	ays trom
☐ 6-Month D	OCA Account* Or	☐ 1-Year DCA Account* Or ☐ 2-Year DCA Account**	
* Not availabi	le in MN or MS for Pola	laris Advantage products. ** Not available in WA or for Polaris Advantage products.	
		Automatic Secure Value Account Allocation: 20%	
If you elected a Dynamic Allocation Income Option in Section 6(a), for this Application	Note: If you select or	Option 1 (Choose one or both Portfolios below) namic Allocation Portfolio SunAmerica Dynamic Strategy Portfolio one box, 80% of your initial payment is allocated to that portfolio. If you select both initial Purchase Payment is allocated to each portfolio named above.	
to be in good		OR	
order, you must			
indicate your		Option 2 (Invest in one or more of the Portfolios below) Payment Allocation Target DCA	
investment	Cash Management		
selection here in	Corporate Bond	%	
Option 1 <u>or</u> Option 2.	Global Bond Government and Qua	%% uality Bond%%	
	Real Return	%	
		nic Allocation Portfolio%% nic Strategy Portfolio % %	
	SunAmerica Dynami Total Return Bond	nic Strategy Portfolio%%	
	Total	80% <u>100%</u>	
7(b). Optional Progran	ms		
■ Systematic \	Nithdrawal: Include Fo	Form [SA-5550SW] with this Application.	
		request the investment options referenced in 7(a) above or designated in the Investment Optio	n
		the frequency selected below.	
·	one) 🗖 Quarterly**	□ Semiannually □ Annually	
Account is e	elected, we use Targe	on rebalancing instructions are provided and included with this Application, if a DCA et DCA instructions indicated for Automatic Asset Rebalancing instructions. iving Benefit, Automatic Asset Rebalancing is done quarterly.	
	_	nd Electronic Delivery Authorization	
☐ Yes ☐ No	Telephone Transa	saction Authorization saction Authorization	

Your Contract, if issued, will allow for pre-authorized transfer privileges. These privileges allow the Owner, the authorized Registered Representative of record and any other person(s) authorized by the Owner of the Contract who can furnish proper identification (upon

ASA-579 (5/12)

completion by Owner of the authorization below) to make transfers and to change the allocation of future payments.

The Company and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will NOT be liable for complying with transfer instructions it reasonably believes to be authentic, nor for any loss, damage, costs or expenses in acting in accordance with such instructions, and Owner will bear the risk of any such loss. (not applicable in Nevada)

The Company will employ reasonable procedures to authenticate that the transfer instructions are genuine and will provide confirmation of all transactions to Owner. If the Company does not employ such procedures, it may be liable for losses due to unauthorized or fraudulent instructions. If no selection is made, the Company will assume that you authorize telephone transfers and/or electronic requests.

For applicants in Florida, Iowa, Nevada, New Mexico, and North Dakota: If no election is made, the Company will assume you do NOT want to authorize telephone and/or electronic transfers.

☐ Yes ☐ No Electronic Delivery Consent

I consent to electronic delivery by the Company, when available, of:

- Legal disclosure materials (prospectuses and prospectus supplements for the variable annuity and the underlying funds and annual and semiannual reports for the underlying funds)
- Account documents (quarterly statements and confirmations)
- Related correspondence (privacy notice and other notices to customers)

I confirm that I have access to a computer with the hardware and software necessary (Adobe Acrobat®, Internet access, and an active email account) to receive this information electronically—in the form of a compact disc, by email, or by notice to me of a document's availability on the Company website. I confirm that I have the ability to retrieve and retain electronic communications that are subject to this consent. I understand that I must provide my email address under Section 2 of the Application to use this service.

I understand that:

- There is no charge for electronic delivery, although I may incur the costs of Internet access and computer usage.
- I may always request a paper copy of this information at any time for no charge, even though I consent to electronic delivery.
- The Company is not required to deliver this information electronically and may discontinue electronic delivery in whole or part at any time.

This consent is effective until further notice by the Company or until I revoke it.

Please call [1-800-445-7862] if you would like to revoke your consent, receive a paper copy of any of the above information via U.S. mail, or need to update your email address indicated in Section 2 of this Application.

→8Notices and Disclaimers

Fraud Warning (applies to all states, except Arizona and the states noted below): Any person, who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

For applicants in Arkansas and Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Colorado: Fraud Warning: It is unlawful to knowingly provide false, incomplete, misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services.

For applicants in the District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For applicants in Kentucky: Fraud Warning: Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime.

For applicants in Louisiana: WARNING: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Maryland: WARNING: Any person who knowingly *or* willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly *or* willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Maine, Tennessee, Virginia, and Washington: Fraud Warning: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

For applicants in New Jersey: Fraud Warning: Any person who includes any false information on an application for an insurance policy is subject to criminal and civil penalties.

For applicants in New Mexico: Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to civil fines and criminal penalties.

For applicants in Ohio: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing any false, incomplete, or misleading information is quilty of insurance fraud.

For applicants in Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

For applicants in Pennsylvania: Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

→9Acknowledgements and Signature(s)

٠,	Replacement ☐ Yes ☐ No	Do you have any existing life insurance or annuity contracts? (Must check either Yes or No.)
	☐ Yes ☐ No	Will the purchase of this annuity result in the replacement, termination, or change in value of any existing life insurance or annuity contracts? (Must check either Yes or No)

If yes to either of the above, please provide the information on the required forms, which can be obtained at sunamerica.com and include them with this Application.

9(b). California Right-to-Examine Period

For Owners and Annuitants age 60 and older. Under California law, there is a 30-day Right-to-Examine period of your Contract. The amount that will be returned to you if you cancel your Contract during this 30-day period will depend on the election below, which designates where your Purchase Payments will be allocated during the Right-to-Examine period. Please check one of the following boxes. If you do not check one of these boxes, we will automatically invest your funds in the cash management investment option for 36 days from the date we issue the Contract.

Place my funds into a cash management investment option for 36 days from the date the Company issues the Contract, unless I dire	:ct
otherwise later during the waiting period.	

Invest my funds immediately in my chosen stock and/or bond portfolios. I understand that by doing so, I am subjecting my investment to market gain/losses during the waiting period.

9(c). Statement of Owner(s)

My answers to the above questions are true and correct to the best of my knowledge and belief. I agree that this Application shall be a part of any Contract issued by the Company. Further:

- I acknowledge receipt of the current prospectuses, either physically or electronically, for this variable annuity and the
 applicable underlying funds of the trusts.
- I acknowledge that I have read the current prospectuses for this variable annuity and the applicable underlying funds of the trusts carefully and understand their contents. (lowa and Minnesota exempted)
- After consulting with my registered representative/licensed agent and reviewing the prospectuses, I confirm that this variable annuity is suitable for my objectives and needs. (Minnesota exempted.)
- I understand that all Purchase Payments and values provided by the Contract, when based on investment experience of the
 variable portfolios, are variable and are not guaranteed as to dollar amount by the Company, the U.S. Government, or any
 State Government; are not federally insured by the FDIC, the Federal Reserve Board, or any other agency, Federal or State. I
 bear all market risks, except on amounts allocated to the available Fixed Account Options.
- If I am funding a tax-qualified retirement plan with this annuity, I understand that the annuity does not provide any additional tax deferral treatment beyond that which I already have under my plan.
- I understand that the Company reserves the right to allocate my Purchase Payment(s) and any Initial Payment Enhancement(s), if applicable, to the cash management investment option until the end of the Right-to-Examine period.
- My signature below indicates that I am providing my investment allocation election on the separate Investment Option Election Form included with this Application.
- For applicants in Alaska: Information provided by the applicant are representations and not warranties.

For applicants in Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. →Owner's signature Joint owner's signature (if applicable) →10Registered Representative / Licensed Agent Information and Signature(s) Do you have reason to believe that the applicant has any existing life insurance or annuity contracts? ■ Yes ■ No Do you have reason to believe that any existing life insurance or annuity contract has been (or will be) replaced, surrendered, ☐ Yes ■ No withdrawn from, loaned against, changed, or otherwise reduced in value in connection with this transaction, assuming that the Contract applied for will be issued? I affirm that I have instructed the applicant to answer the questions in Section 9(a) appropriately. If the answer to either question is "yes," I am providing the information on the required forms and including them with this Application. I am authorized and/or appointed to sell this variable annuity. I have fully discussed and explained the variable annuity features and charges including restrictions to the Owner. I believe this variable annuity is suitable given the Owner's investment time horizon, goals and objectives, and financial situation and needs. I represent that: (a) I have delivered current applicable prospectuses and any supplements for the variable annuity (which includes summary descriptions of the underlying investment options); and (b) have used only current SunAmerica-approved sales material. I certify that all information I have taken from the Owner has been truly and accurately recorded on this Application. 1. Registered Representative's/Licensed Agent's signature: Address: 58910 Agent Street Any City, CA 12345 Phone (310) 555-1245 Licensed Agent ID number 123ABC Email joe@agent.com Broker / Dealer firm name ABC Broker 2. Registered Representative's/Licensed Agent's name (please print) Address: Phone _____Licensed Agent ID number _____Email ____ Broker / Dealer firm name 3. Registered Representative's/Licensed Agent's signature SSN (1st 5 digits ONLY)-Registered Representative's/Licensed Agent's name (please print)______ Address ______ City ____ State ____ ZIP ____ Phone () Licensed Agent ID number Email If Solicitation State is Florida, Florida License Identification number: For Commission Option availability, check with your home office (available options vary by product)

Note: If there are more than three representatives, please attach all required representative information, including commission split among all representatives, on a separate document.

☐ Option 3 ☐ Option 4 ☐ Option 5

Option 1

Option 2

If more than one representative, please indicate commission split:

Representative 1 Representative 2 Representative 3

Deferred Variable Annuity Application/Enrollment Form ("Application") SunAmerica the retirement specialist

SunAmerica Annuity and Life Assurance Company 2 Domicile State: Arizona **Annuity Service Center** 1650 Oxnard Street, Suite 750 ₩oodland Hills, CA 91367-4997

New Business Documents with checks: P.O. Box 100330 Pasadena, CA 91189-0330

without checks: P.O. Box 54299 Los Angeles, CA 90054-0299 evernight with checks: 2710 Media Center Drive Building #6, Suite 120 Los Angeles, CA 90065-1750

without checks: 1650 Oxnard Street, Suite 750 Woodland Hills, CA 91367-4997

1-800-445-7862 www.sunamerica.com

The → indicates a required response. Please print or type

		in which this Applicatio			,]			
Complete produc	et name (E	Enter complete name as s	hown on 1°° pa	ige of pros	spectus)	Solicitation st			
						(Enter two-ch	aracter sta	te code) _	
→2Owner(s)	/ Partic	cipant(s) ("Owner"	') Informa	tion					
Name								Male	☐ Female
Address			City				State	ZIP_	
Birth Date/_	/	SSN or TIN		Phone ()	Email			
Joint Owner (if app	olicable)								
Name:								Male	☐ Female
							State	ZIP_	
Birth Date/_		SSN		Relationshi	o to Owner		Phone (_)	
→3Annuitant	(s) Info	ormation (Complete o	nly if different	from Own	ier)				
Name								_ Male	☐ Female
Address			City				State	ZIP_	
Rirth Date /		SSN	Phone ()		Email			
	annlicahla)								
Joint Annuitant (if	applicable)							■ Male	☐ Female
Joint Annuitant (if									
Joint Annuitant (if Name							State	ZIP_	

FIXED DOLLAR AMOUNT, AND MAY BE WORTH MORE OR LESS THAN THE TOTAL AMOUNT INVESTED.

For applicants in Alaska only: If You are not satisfied with the Certificate, You may return it to Our Annuity Service Center or to the agent through whom it was purchased within 10 days (30 days if the Certificate replaced any other life insurance or annuity contract(s)) after You receive it. The Company will refund the greater of Purchase Payment(s) paid or the Certificate Value on the business day during which the Certificate is received. If the Certificate replaced any other life insurance or annuity contract(s), the Company will refund the Certificate Value on the business day during which the Certificate is received. Upon any refund, the Certificate shall be void. Upon your written request, we will provide you with factual information regarding benefits and provisions of the annuity Certificate within 10 days.

For applicants in Arizona only: Upon your written request, we will provide you, within a reasonable period of time, factual information regarding the benefits and provisions of the variable annuity Contract for which you are applying. If for any reason you are not satisfied with the Contract, you may return the Contract within ten days (30 days if you are age 65 or older on the date of the application or if the Contract replaced any other life insurance or annuity contract(s)) after you receive it. You will receive an amount equal to the sum of (1) the difference between the premiums paid and the amounts allocated to any account under the Contract and (2) the Contract Value on the date the returned Contract is received by our Company or agent. Upon such refund, the Contract will be void.

ASA-579-1 (5/12)

→ 4 Beneficiary Information

Please complete the beneficiary information below. Additional beneficiaries, if any, can be listed on a separate document and submitted with this Application. Note: If any living benefit is elected with Joint Life (2 covered persons) under Section 6(b) below, you **must** provide the spousal beneficiary information below.

If the beneficiary type is not selected, the beneficiary will be designated as "primary." Multiple beneficiaries will share the death benefit equally unless otherwise specified. For non-individually owned, custodially held IRAs, 457, and qualified plans, if no beneficiary is listed, the beneficiary will default to the Owner listed on this Application.

Name (First, MI, Last)	Birth Date/ Trust Date	Beneficiary Type	Relationship	SSN/TIN	%
		☐ Primary			
		☐ Primary ☐ Contingent			
		☐ Primary ☐ Contingent			
		☐ Primary ☐ Contingent			

→5Contract/Certificate ("Contract") Type and Source of Funds

Initial Payment: Make check payable to SunAmerica Annuity. If this is a 1035 Exchange or transfer, please complete the appropriate 1035 Exchange/Transfer form and submit it with this Application. See prospectus for minimum Purchase Payment amounts.

5a. Non-Qualified Contract Indicate type and amount of initial Payment below.	OR	5b. Qualified Con Indicate type of pla	tract an for new contract, sour	ce of funds, and am	ount below.
☐ Amount enclosed: \$		Type of Plan for /	<i>Vew</i> Contract	Source of Funds	Amount
OR		☐ IRA	☐ 401(a)*	□ Transfer	\$
☐ 1035 Exchange		☐ Roth IRA	□ 401(k)*	□ Rollover	\$
Estimated dollars: \$		□ SEP	457	□ Contribution	\$
		Other	□ Keogh	IRA Tax	
		* Is plan subject to	ERISA? Yes No	Year:	

→6Optional Benefits

See your registered representative/licensed agent and/or the prospectus for information about optional elections, including ayailability, the maximum issue age and investment requirements.

- **6(a)**. Optional Feature: Only one optional feature may be elected. If elected, there will be an additional fee added to the Separate Account Charge and the elected feature replaces the default 7-year withdrawal charge period in the Contract. Refer to the prospectus for complete details.
 - I.

 Early Access: Provides a 4-year withdrawal charge period
 - II. Rewards: Provides a Payment Enhancement and a 9-year withdrawal charge period
- 6(b). Optional Living Benefit Elections: You MUST complete section 6(b)
 - I. I am NOT electing an Optional Living Benefit (proceed to 6(c) below)
 - II. If electing an Optional Living Benefit, you must check one box under the Living Benefit Features section below.

II. II electing	an Optional Living Benefit, you must check one box under	uie Li	virig benefit reatures	S Section below.
If you elect a →	Dynamic Allocation Income Options		If you elect a →	Custom Allocation Income Options
Dynamic Allocation Income Option, Provide your investment instructions in Section 7(a).	SunAmerica Income Plus Option 1 - Single Life – Up to 6% MAWA Joint Life – Up to 5.5% MAWA* Option 2 - Single Life – Up to 7% MAWA Joint Life – Up to 6.5% MAWA* Option 3 - Single Life – Up to 5.25% MAWA Joint Life – Up to 4.75% MAWA* SunAmerica Income Builder Single Life – Up to 5% for Life Joint Life – Up to 4.5% for Life*	OR	Custom Allocation Income Option, provide your investment instructions on the attached Investment Option Election Form.	SunAmerica Income Plus with "Custom Allocation" □ Single Life – Up to 5% for Life □ Joint Life – Up to 4.5% for Life*
*You must c	omplete the spousal Beneficiary Information in Section 4.	4		

- **6(c)**. Optional Death Benefit Election: If the Maximum Anniversary Value death benefit is **NOT** elected, the beneficiary(ies) will receive the Standard death benefit provided in the Contract.
 - I.

 Maximum Anniversary Value (MAV)

					Page 3 01 6
→7 Investment Se	election / Optional Se	rvice Features			
If you elected [SunAm	nerica Income Plus]			service features below. Do not c	omplete the
Or [SunAmerica Inco	me Builder] with	Investment Option Elec	tion Form (IOEF).		
["Dynamic Allocation	ו"]				
If you elected [SunAm "Custom Allocation"	nerica Income Plus with			complete the Investment Option with this Application to make spec	
If you are not electing	-	choices.	3		
7(a). Investment Select	ction for [SunAmerica Inc	ome Plus] or [SunAme	rica Income Builder	with "Dynamic Allocation Incor	me Options"]
	Payment: We automatically % to Option1 or Option 2 be			nt to the Secure Value Account. \	You may allocate
Automatic Asset		by the feature named ab	ove, if you selected (Option 1 or 2 below, we rebalance ncina	your choice(s)
Dollar Cost Avera	•	my choice(s) below using		e checked here. DCA Program be	egins 30 days from
☐ 6-Month D	•	☐ 1-Year DCA Account	Or	☐ 2-Year DCA Account	_
				ble in WA or in MS if Early Acc	ess or Polaris
Rewards is el					
	Au	itomatic Secure Value A	Account Allocation:	20%	
		Ontion 1 (Chases on	or both Dortfolios	halaw)	
If you elected a	☐ SunAmerica Dynamic	Option 1 (Choose one Allocation Portfolio		nerica Dynamic Strategy Portfolio	
Dynamic Allocation	Note: If you select one bo	ox, 80% of your initial pay	ment is allocated to the	hat portfolio. If you select both	
Income Option in	boxes, 40% of your initial	Purchase Payment is all	ocated to each portfo	lio named above.	
Section 6(a), for					
this Application					
to be in good			OR		
order you must	0	ption 2 (Invest in one or	more of the Portfal	ins holow)	
indicate your	U		Payment Allocation	Target DCA	
investment	Cash Management		%	%	
selection here.	Corporate Bond		%	%	
	Global Bond	Dand	% %	% %	
	Government and Quality Real Return	DUHU	%	%	
	SunAmerica Dynamic Allo	ocation Portfolio	%	%	
	SunAmerica Dynamic Str	ategy Portfolio	%	%	
	Total Return Bond Total		% 80%	%	
	TOTAL		00%	<u>100%</u>	
7(b). Optional Program	ns				_
Systematic W	Vithdrawal: Include Form [SA-5550SW] with this Ap	plication.		
			s referenced in 7(a) a	above or designated in the Investr	ment Option
	to be rebalanced at the fre	. 3	A A a second like		
			Annually	ncluded with this Application,	if a DCA
				sset Rebalancing instructions.	y a DCA
** If you ele	cted an Optional Living	Benefit, Automatic Ass	et Rebalancing is a		
	ronic Transaction, and Ele		rization		
☐ Yes ☐ No☐ Yes ☐ No	•				

Your Contract, if issued, will allow for pre-authorized transfer privileges. These privileges allow the Owner, the authorized Registered Representative of record and any other person(s) authorized by the Owner of the Contract who can furnish proper identification (upon completion by Owner of the authorization below) to make transfers and to change the allocation of future payments.

The Company and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will NOT be liable for complying with transfer instructions it reasonably believes to be authentic, nor for any loss, damage, costs or expenses in acting in accordance with such instructions, and Owner will bear the risk of any such loss. (not applicable in Nevada)

The Company will employ reasonable procedures to authenticate that the transfer instructions are genuine and will provide confirmation of all transactions to Owner. If the Company does not employ such procedures, it may be liable for losses due to unauthorized or fraudulent instructions. If no selection is made, the Company will assume that you authorize telephone transfers and/or electronic requests

For applicants in Florida, Iowa, Nevada, New Mexico, and North Dakota: If no election is made, the Company will assume you do NOT want to authorize telephone and/or electronic transfers.

☐ Yes ☐ No Electronic Delivery Consent

I consent to electronic delivery by the Company, when available, of:

- Legal disclosure materials (prospectuses and prospectus supplements for the variable annuity and the underlying funds and annual and semiannual reports for the underlying funds)
- Account documents (quarterly statements and confirmations)
- Related correspondence (privacy notice and other notices to customers)

I confirm that I have access to a computer with the hardware and software necessary (Adobe Acrobat*, Internet access, and an active email account) to receive this information electronically—in the form of a compact disc, by email, or by notice to me of a document's availability on the Company website. I confirm that I have the ability to retrieve and retain electronic communications that are subject to this consent. I understand that I must provide my email address under Section 2 of the Application to use this service.

I understand that:

- There is no charge for electronic delivery, although I may incur the costs of Internet access and computer usage.
- I may always request a paper copy of this information at any time for no charge, even though I consent to electronic delivery.
- The Company is not required to deliver this information electronically and may discontinue electronic delivery in whole or part at any time.

This consent is effective until further notice by the Company or until I revoke it.

Please call [1-800-445-7862] if you would like to revoke your consent, receive a paper copy of any of the above information via U.S. mail, or need to update your email address indicated in Section 2 of this Application.

8 Notices and Disclaimers

Fraud Warning (applies to all states, except Arizona and the states noted below): Any person, who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

For applicants in Arkansas and Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is quilty of a crime and may be subject to fines and confinement in prison.

For applicants in Colorado: Fraud Warning: It is unlawful to knowingly provide false, incomplete, misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services.

For applicants in the District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For applicants in Kentucky: Fraud Warning: Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime.

For applicants in Louisiana: WARNING: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Maryland: WARNING: Any person who knowingly **or** willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly **or** willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Maine, Tennessee, Virginia, and Washington: Fraud Warning: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

For applicants in New Jersey: Fraud Warning: Any person who includes any false information on an application for an insurance policy is subject to criminal and civil penalties.

For applicants in New Mexico: Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is quilty of a crime and may be subject to civil fines and criminal penalties.

For applicants in Ohio: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing any false, incomplete, or misleading information is guilty of insurance fraud.

For applicants in Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

For applicants in Pennsylvania: Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

9	Acknowledgements	and Signature(s)	
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9(a). Replacement ☐ Yes ☐ No Do you have any existing life insurance or annuity contracts? (Must check either Yes or No.) ☐ Yes ☐ No Will the purchase of this annuity result in the replacement, termination, or change in value of any existing life insurance or annuity contracts? (Must check either Yes or No) If yes to either of the above, please provide the information on the required forms, which can be obtained at sunamerica.com, and include them with this Application.

9(b). California Right-to-Examine Period

For Owners and Annuitants age 60 and older. Under California law, there is a 30-day Right-to-Examine period of your Contract. The amount that will be returned to you if you cancel your Contract during this 30-day period will depend on the election below, which designates where your Purchase Payments will be allocated during the Right-to-Examine period. Please check one of the following boxes. If you do not check one of these boxes, we will automatically invest your funds in the cash management investment option for 36 days from the date we issue the Contract.

- Place my funds into a cash management investment option for 36 days from the date the Company issues the Contract, unless I direct otherwise later during the waiting period.
- Invest my funds immediately in my chosen stock and/or bond portfolios. I understand that by doing so, I am subjecting my investment to market gain/losses during the waiting period.

9(c). Statement of Owner(s)

My answers to the above questions are true and correct to the best of my knowledge and belief. I agree that this Application shall be a part of any Contract issued by the Company. Further:

- I acknowledge receipt of the current prospectuses for this variable annuity and the applicable underlying funds of the trusts.
- I acknowledge that I have read the current prospectuses for this variable annuity and the applicable underlying funds of the trusts carefully and understand their contents. (lowa and Minnesota exempted)
- After consulting with my registered representative/licensed agent and reviewing the prospectuses, I confirm that this variable annuity is suitable for my objectives and needs. (Minnesota exempted.)
- I understand that all Purchase Payments and values provided by the Contract, when based on investment experience of the variable portfolios, are variable and are not guaranteed as to dollar amount by the Company, the U.S. Government, or any State Government; are not federally insured by the FDIC, the Federal Reserve Board, or any other agency, Federal or State. I bear all market risks, except on amounts allocated to the available Fixed Account Options.
- If I am funding a tax-qualified retirement plan with this annuity, I understand that the annuity does not provide any additional tax deferral treatment beyond that which I already have under my plan.
- I understand that the Company reserves the right to allocate my Purchase Payment(s) and any Initial Payment Enhancement(s), if applicable, to the cash management investment option until the end of the Right-to-Examine period.
- My signature below indicates that I am providing my investment allocation election on the separate Investment Option Election Form included with this Application.
- For applicants in Alaska: Information provided by the applicant are representations and not warranties.
- For applicants in Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

→ Owner's signature	Date
Joint owner's signature (if applicable)	Date

10 Re ç	gistere	d Representative / Licensed Agent Information and Signature(s)
☐ Yes	□ No	Do you have reason to believe that the applicant has any existing life insurance or annuity contracts?
☐ Yes	□ No	Do you have reason to believe that any existing life insurance or annuity contract has been (or will be) replaced, surrendered, withdrawn from, loaned against, changed, or otherwise reduced in value in connection with this transaction, assuming that the Contract applied for will be issued?
		instructed the applicant to answer the questions in Section 9(a) appropriately. If the answer to either question is "yes," I am nation on the required forms and including them with this Application.
including financial	restriction situation a	d/or appointed to sell this variable annuity. I have fully discussed and explained the variable annuity features and charges as to the Owner. I believe this variable annuity is suitable given the Owner's investment time horizon, goals and objectives, and und needs. I represent that: (a) I have delivered current applicable prospectuses and any supplements for the variable annuity mmary descriptions of the underlying investment options); and (b) have used only current SunAmerica-approved sales material.
I certify	that all in	formation I have taken from the Owner has been truly and accurately recorded on this Application.
1. Regist	ered Repr	esentative's/Licensed Agent's signature:
Registere	ed Repres	entative's/Licensed Agent's name (please print):
		D Agent Street Any City, CA 12345
		5-1245 Licensed Agent ID number 123ABC Email joe@agent.com
Broker / I	Dealer firn	n nameABC Broker
2. Regist	ered Repr	esentative's/Licensed Agent's name (please print)
		Licensed Agent ID numberEmail
Broker / I	Dealer firn	n name
3. Regist	ered Repr	esentative's/Licensed Agent's signatureSSN (1st 5 digits ONLY)-
Registere	ed Repres	entative's/Licensed Agent's name (please print)
Address		CityStateZIP
		Licensed Agent ID numberEmail
If Solicita	tion State	is Florida, Florida License Identification number:
For Com		Option availability, check with your home office (available options vary by product) ☐ Option 2 ☐ Option 3 ☐ Option 4 ☐ Option 5
		presentative, please indicate commission split: Representative 2 Representative 3

Note: If there are more than three representatives, please attach all required representative information, including commission split among all representatives, on a separate document.

Deferred Variable Annuity Application/Enrollment Form ("Application") SunAmerica the retirement specialist

SunAmerica Annuity and Life Assurance Company Domicile State: Arizona Annuity Service Center 21650 Oxnard Street, Suite 750 Woodland Hills, CA 91367-4997 New Business Documents with checks: P.O. Box 100330 Pasadena, CA 91189-0330

without checks: P.O. Box 54299 Los Angeles, CA 90054-0299 overnight with checks: 2710 Media Center Drive Building #6, Suite 120 Los Angeles, CA 90065-1750 without checks: 21650 Oxnard Street, Suite 750 Woodland Hills, CA 91367-4997

■ 1-800-445-7862 www.sunamerica.com

The → indicates a required response. Please print or type

	•	, .	, .						
→1Product S in which this		1 (Select one product to n is signed.)	ensure Applic	eation is p	rocessed im	nediately. Solic	itation state	e indicates	the state
Select one prod	uct name (S	hare Class)				Solicitation sta	ate		
[☐ Polaris Pla II (Bonus)]		B) Polaris Choice			_	(Enter two-ch	aracter stat	e code) _	
→2Owner(s)	/ Partici	ipant(s) ("Owner	") Informat	ion					
Name								Male	☐ Female
Address			City				State	ZIP_	
Birth Date/_	/	SSN or TIN	[Phone ()	Email			
Joint Owner (if ap	plicable)								
Name:								Male	☐ Female
							State	ZIP_	
Birth Date/_		SSN		Relationshi	p to Owner _		Phone (_)	
→3Annuitan	t(s) Info	rmation (Complete o	nly if different	from Owr	ner)				
Name								Male	☐ Female
Address			City				State	ZIP_	
Birth Date/_		SSN	Phone ()		Email			
Joint Annuitant (i	f applicable)								
Name								Male	☐ Female
							State	ZIP_	
Birth Date/_		SSN	Phone ()					

ANNUITY PAYMENTS AND VALUES PROVIDED BY THE CONTRACT, WHEN REDEEMED, ARE VARIABLE, ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT, AND MAY BE WORTH MORE OR LESS THAN THE TOTAL AMOUNT INVESTED.

For applicants in Alaska only: If You are not satisfied with the Certificate, You may return it to Our Annuity Service Center or to the agent through whom it was purchased within 10 days (30 days if the Certificate replaced any other life insurance or annuity contract(s)) after You receive it. The Company will refund the greater of Purchase Payment(s) paid or the Certificate Value on the business day during which the Certificate is received. If the Certificate any other life insurance or annuity contract(s), the Company will refund the Certificate Value on the business day during which the Certificate is received. Upon any refund, the Certificate shall be void. Upon your written request, we will provide you with factual information regarding benefits and provisions of the annuity Certificate within 10 days.

For applicants in Arizona only: Upon your written request, we will provide you, within a reasonable period of time, factual information regarding the benefits and provisions of the variable annuity Contract for which you are applying. If for any reason you are not satisfied with the Contract, you may return the Contract within ten days (30 days if you are age 65 or older on the date of the application or if the Contract replaced any other life insurance or annuity contract(s)) after you receive it. You will receive an amount equal to the sum of (1) the difference between the premiums paid and the amounts allocated to any account under the Contract and (2) the Contract Value on the date the returned Contract is received by our Company or agent. Upon such refund, the Contract will be void.

→ 4Beneficiary Information

Please complete the beneficiary information below. Additional beneficiaries, if any, can be listed on a separate document and submitted with this Application. Note: If any living benefit is elected with Joint Life (2 covered persons) under Section 6(a) below, you must provide the spousal beneficiary information below.

If the beneficiary type is not selected, the beneficiary will be designated as "primary." Multiple beneficiaries will share the death benefit equally unless otherwise specified. For non-individually owned, custodially held IRAs, 457, and qualified plans, if no beneficiary is listed, the beneficiary will default to the Owner listed on this Application.

Name (First, MI, Last)	Birth Date/ Trust Date	Beneficiary Type	Relationship	SSN/TIN	%
		☐ Primary			
		☐ Primary ☐ Contingent			
		☐ Primary ☐ Contingent			
		☐ Primary ☐ Contingent			
		☐ Primary ☐ Contingent			

→5Contract/Certificate ("Contract") Type and Source of Funds

Initial Payment: Make check payable to SunAmerica Annuity. If this is a 1035 Exchange or transfer, please complete the appropriate 1035 Exchange/Transfer form and submit it with this Application. See prospectus for minimum Purchase Payment amounts.

5a. Non-Qualified Contract Indicate type and amount of initial Payment below.	OR		5b. Qualified Contract Indicate type of plan for new contract, source of funds, and amount below.				
Amount enclosed: \$ OR		Type of Plan for <i>N</i> ☐ IRA	lew Contract ☐ 401(a)*	Source of Funds Transfer	Amount \$		
□ 1035 Exchange Estimated dollars: \$		□ Roth IRA □ SEP □ Other	☐ 401(k)* ☐ 457 ☐ Keogh	☐ Rollover☐ Contribution☐ IRA Tax Year:	\$ \$		
		* Is plan subject to EF					

→6Optional Benefits

See your registered representative/licensed agent and/or the prospectus for information about optional elections, including availability, the maximum issue age and investment requirements.

6(a). Optional Living Benefit Elections: You <u>MUST</u> complete section 6(a)
--

- II. If electing an Optional Living Benefit, you must check one box under the Living Benefit Features section below.

Dynamic Allocation Income Options SunAmerica Income Plus If you elect a → Option 1 -
Single Life – Up to 6% MAWA **Dynamic Allocation** ☐ Joint Life – Up to 5.5% MAWA* Income Option, Option 2 -
Single Life – Up to 7% MAWA ☐ Joint Life – Up to 6.5% MAWA* Provide your Option 3 -
Single Life – Up to 5.25% MAWA investment ☐ Joint Life – Up to 4.75% MAWA* instructions in Section 7(a). OR SunAmerica Income Builder ☐ Single Life – Up to 5% for Life ☐ Joint Life – Up to 4.5% for Life*

If you elect a →

Custom Allocation
Income Option,
provide your
investment
instructions on
the attached
Investment Option

Election Form.

Custom Allocation Income Options

SunAmerica Income Plus with

"Custom Allocation"

□ Single Life – Up to 5% for Life

□ Joint Life – Up to 4.5% for Life*

*You must complete the spousal Beneficiary Information in Section 4.

- **6(b)**. Optional Death Benefit Election: *If the Maximum Anniversary Value Death Benefit is NOT elected, the beneficiary(ies) will receive the standard death benefit provided in the Contract.*
 - I.

 Maximum Anniversary Value (MAV)

→7Investment Sel	ection / Optional F	Programs					
If you elected [SunAme Or [SunAmerica Incon ["Dynamic Allocation"	ne Builder] with		Select your investment options and optional service features below. Do not complete the Investment Option Election Form (IOEF).				
If you elected [SunAme with "Custom Allocati If you are not electing a	on"] <i>OR</i>			plete the Investment Option Electic ication to make specific investmen			
		Income Plus] or [SunAm	erica Income Builder w	vith "Dynamic Allocation Income	Options"		
Initial Purchase I	Payment: We automati		initial Purchase Payment	to the Secure Value Account. You	•		
		uired by the feature named do not include the Secure \		otion 1 or 2 below, we rebalance yo cing.	our choice(s)		
	aging: Invest gradually al Purchase Payment is		ng the DCA Account I've	checked here. DCA Program begi	ins 30 days from		
☐ 6-Month D	CA Account* Or	☐ 1-Year DCA Accoun	t* Or	2-Year DCA Account**			
* Not availabl	e in MN or MS for Pola	ris Advantage products. **	Not available in WA or fo	or Polaris Advantage products.			
		Automatic Secure Value	Account Allocation: 2	0%			
		Ontion 1 (Chases a	wa ar bath Dartfaliaa b	olova)	İ		
If you elected a Dynamic Allocation Income Option in Section 6(a), for	Note: If you select or	mic Allocation Portfolio	ayment is allocated to the	erica Dynamic Strategy Portfolio at portfolio. If you select both			
this Application			_				
to be in good			OR				
order, you must		Ontion 2 (Invest in ana	or mars of the Dortfolia	as halow)	I		
indicate your		Option 2 (Invest in one	Payment Allocation	Target DCA			
investment	Cash Management		%	%			
selection here in	Corporate Bond		%	%			
Option 1 <u>or</u> Option 2.	Global Bond Government and Qua	ality Dand	%	% %			
	Real Return	ality bullu	% %				
	SunAmerica Dynamic	Allocation Portfolio	%	%			
	SunAmerica Dynamic	Strategy Portfolio	%	%			
	Total Return Bond Total		% 80%	% 100%			
	Total		0076	10076			
7(b). Optional Progran	ns						
Systematic V	Vithdrawal: Include Fo	rm [SA-5550SW] with this A	Application.				
		equest the investment option		ove or designated in the Investmen	nt Option		
(Select only o	ne) 🔲 Quarterly**	■ Semiannually	■ Annually				
Account is e	lected, we use Targe		ated for Automatic Ass	cluded with this Application, if a set Rebalancing instructions. one quarterly.	a DCA		
7(c). Telephone Flecti	ronic Transaction and	d Electronic Delivery Aut	norization				
Yes No	Telephone Transa	ction Authorization ction Authorization	TO IZULOII				

Your Contract, if issued, will allow for pre-authorized transfer privileges. These privileges allow the Owner, the authorized Registered Representative of record and any other person(s) authorized by the Owner of the Contract who can furnish proper identification (upon completion by Owner of the authorization below) to make transfers and to change the allocation of future payments.

The Company and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will NOT be liable for complying with transfer instructions it reasonably believes to be authentic, nor for any loss, damage, costs or expenses in acting in accordance with such instructions, and Owner will bear the risk of any such loss. (not applicable in Nevada)

The Company will employ reasonable procedures to authenticate that the transfer instructions are genuine and will provide confirmation of all transactions to Owner. If the Company does not employ such procedures, it may be liable for losses due to unauthorized or fraudulent instructions. If no selection is made, the Company will assume that you authorize telephone transfers and/or electronic requests.

For applicants in Florida, Iowa, Nevada, New Mexico, and North Dakota: If no election is made, the Company will assume you do NOT want to authorize telephone and/or electronic transfers.

☐ Yes ☐ No Electronic Delivery Consent

I consent to electronic delivery by the Company, when available, of:

- Legal disclosure materials (prospectuses and prospectus supplements for the variable annuity and the underlying funds and annual and semiannual reports for the underlying funds)
- Account documents (quarterly statements and confirmations)
- Related correspondence (privacy notice and other notices to customers)

I confirm that I have access to a computer with the hardware and software necessary (Adobe Acrobat*, Internet access, and an active email account) to receive this information electronically—in the form of a compact disc, by email, or by notice to me of a document's availability on the Company website. I confirm that I have the ability to retrieve and retain electronic communications that are subject to this consent. I understand that I must provide my email address under Section 2 of the Application to use this service.

I understand that:

- There is no charge for electronic delivery, although I may incur the costs of Internet access and computer usage.
- I may always request a paper copy of this information at any time for no charge, even though I consent to electronic delivery.
- The Company is not required to deliver this information electronically and may discontinue electronic delivery in whole or part at any time.

This consent is effective until further notice by the Company or until I revoke it.

Please call [1-800-445-7862] if you would like to revoke your consent, receive a paper copy of any of the above information via U.S. mail, or need to update your email address indicated in Section 2 of this Application.

→8Notices and Disclaimers

Fraud Warning (applies to all states, except Arizona and the states noted below): Any person, who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

For applicants in Arkansas and Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Colorado: Fraud Warning: It is unlawful to knowingly provide false, incomplete, misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services.

For applicants in the District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For applicants in Kentucky: Fraud Warning: Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime.

For applicants in Louisiana: WARNING: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Maryland: WARNING: Any person who knowingly *or* willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly *or* willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Maine, Tennessee, Virginia, and Washington: Fraud Warning: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

For applicants in New Jersey: Fraud Warning: Any person who includes any false information on an application for an insurance policy is subject to criminal and civil penalties.

For applicants in New Mexico: Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is quilty of a crime and may be subject to civil fines and criminal penalties.

For applicants in Ohio: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing any false, incomplete, or misleading information is guilty of insurance fraud.

For applicants in Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

For applicants in Pennsylvania: Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

→9Acknowledgements and Signature(s)

9(a).		lacement 'es □ No	Do you have any existing life insurance or annuity contracts? (Must check either Yes or No.)		
	☐ Y	'es □ No	Will the purchase of this annuity result in the replacement, termination, or change in value of any existing life insurance or annuity contracts? (Must check either Yes or No)		
	If ye	s to either	of the above, please provide the information on the required forms and include them with this Application.		
9(b).	(b). California Right-to-Examine Period For Owners and Annuitants age 60 and older. Under California law, there is a 30-day Right-to-Examine period of your Contract. The amount that will be returned to you if you cancel your Contract during this 30-day period will depend on the election below, which designate where your Purchase Payments will be allocated during the Right-to-Examine period. Please check one of the following boxes. If you do not check one of these boxes, we will automatically invest your funds in the cash management investment option for 36 days from the date we issue the Contract.				
	<u> </u>	otherwise Invest my	funds into a cash management investment option for 36 days from the date the Company issues the Contract, unless I direct later during the waiting period. funds immediately in my chosen stock and/or bond portfolios. I understand that by doing so, I am subjecting my investment to in/losses during the waiting period.		
9(c)	Stat	ement of ()wner(s)		

My answers to the above questions are true and correct to the best of my knowledge and belief. I agree that this Application shall be a part of any Contract issued by the Company. Further:

- I acknowledge receipt of the current prospectuses for this variable annuity and the applicable underlying funds of the trusts and that I have read them carefully and understand their contents (lowa and Minnesota exempted). If applicable, I consent to receiving the initial prospectus for the variable annuity product on the compact disc (the "CD Prospectus") given to me by my registered representative. I acknowledge that I (i) have access to a personal computer or similar device, (ii) have the ability to read the CD Prospectus using that technology, and (iii) am willing to incur any costs associated with using and maintaining that technology. If I cannot view the CD Prospectus, I have informed my registered representative and he/she has provided me with a paper copy of the prospectus. I understand future prospectus supplements and other amended/updated prospectuses, including the underlying funds prospectus, will be delivered to me in paper form. I also understand that I may request a prospectus in paper format at any time by calling the Annuity Service Center at [1-800-445-7862.]
- After consulting with my registered representative/licensed agent and reviewing the prospectuses, I confirm that this variable annuity is suitable for my objectives and needs. (Minnesota exempted.)
- I understand that all Purchase Payments and values provided by the Contract, when based on investment experience of the variable portfolios, are variable and are not guaranteed as to dollar amount by the Company, the U.S. Government, or any State Government; are not federally insured by the FDIC, the Federal Reserve Board, or any other agency, Federal or State. I bear all market risks, except on amounts allocated to the available Fixed Account Options.
- If I am funding a tax-qualified retirement plan with this annuity, I understand that the annuity does not provide any additional tax deferral treatment beyond that which I already have under my plan.
- I understand that the Company reserves the right to allocate my Purchase Payment(s) and any Initial Payment Enhancement(s), if applicable, to the cash management investment option until the end of the Right-to-Examine period.
- My signature below indicates that I am providing my investment allocation election on the separate Investment Option Election Form included with this Application.
- For applicants in Alaska: Information provided by the applicant are representations and not warranties.

For applicants in Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. →Owner's signature Joint owner's signature (if applicable) →10Registered Representative / Licensed Agent Information and Signature(s) Do you have reason to believe that the applicant has any existing life insurance or annuity contracts? ■ Yes ■ No Do you have reason to believe that any existing life insurance or annuity contract has been (or will be) replaced, surrendered, ☐ Yes ■ No withdrawn from, loaned against, changed, or otherwise reduced in value in connection with this transaction, assuming that the Contract applied for will be issued? I affirm that I have instructed the applicant to answer the questions in Section 9(a) appropriately. If the answer to either question is "yes," I am providing the information on the required forms and including them with this Application. I am authorized and/or appointed to sell this variable annuity. I have fully discussed and explained the variable annuity features and charges including restrictions to the Owner. I believe this variable annuity is suitable given the Owner's investment time horizon, goals and objectives, and financial situation and needs. I represent that: (a) I have delivered current applicable prospectuses and any supplements for the variable annuity (which includes summary descriptions of the underlying investment options); and (b) have used only current SunAmerica-approved sales material. I certify that all information I have taken from the Owner has been truly and accurately recorded on this Application. 1. Registered Representative's/Licensed Agent's signature: Registered Representative's/Licensed Agent's name (please print): Joe Agent Address: 58910 Agent Street Any City, CA 12345 Phone (310) 555-1245 Licensed Agent ID number 123ABC Email joe@agent.com Broker / Dealer firm name ABC Broker 2. Registered Representative's/Licensed Agent's name (please print) Address: Phone _____Licensed Agent ID number _____Email ____ Broker / Dealer firm name 3. Registered Representative's/Licensed Agent's signature SSN (1st 5 digits ONLY)-Registered Representative's/Licensed Agent's name (please print)______ Address ______ City ____ State ____ ZIP ____ Phone () Licensed Agent ID number Email If Solicitation State is Florida, Florida License Identification number: For Commission Option availability, check with your home office (available options vary by product)

Note: If there are more than three representatives, please attach all required representative information, including commission split among all representatives, on a separate document.

☐ Option 3 ☐ Option 4 ☐ Option 5

Option 1

Option 2

If more than one representative, please indicate commission split:

Representative 1 Representative 2 Representative 3

Filing Company: SunAmerica Annuity and Life Assurance State Tracking Number:

Company

Company Tracking Number: ASA-579 (5/12) ET AL.

TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium

Variable and Variable

Product Name: Application

Project Name/Number:

Supporting Document Schedules

Item Status: Status

Date:

Satisfied - Item: Flesch Certification

Comments:
Attachments:
AR Reg 6 Cert.pdf
AR rg 19.pdf
CofR.pdf

Item Status: Status

Date:

Bypassed - Item: Application

Bypass Reason: Not applicable, this is an application filing.

Comments:

Item Status: Status

Date:

Bypassed - Item: Life & Annuity - Acturial Memo

Bypass Reason: Not applicable, this is an application filing.

Comments:

Item Status: Status

Date:

Satisfied - Item: Redline

Comments: Attachments:

ASA-579 (5-12) RED.pdf ASA-579-1 (5-12) RED.pdf ASA-579LP (5-12) RED.pdf

SUNAMERICA ANNUITY AND LIFE ASSURANCE COMPANY 1 SUNAMERICA CENTER LOS ANGELES, CALIFORNIA 90067-6022

Certification of Compliance

SUNAMERICA ANNUITY AND LIFE ASSURANCE COMPANY does hereby certify that the following listed form(s):

Applications: ASA-579 (5/12); ASA-579-1 (5/12); ASA-579LP (5/12);

Do comply with all Sections of the **Arkansas** Insurance Code and regulations applicable to such insurance policies and related forms, and will be so construed. We also certify that we are in compliance with Rule and Regulation 6 regarding Variable Annuity Contracts.

Date

Manďa Gháféri

Assistant Vice Pr**∉**sident

SUNAMERICA ANNUITY AND LIFE ASSURANCE COMPANY 1 SUNAMERICA CENTER LOS ANGELES, CALIFORNIA 90067-6022

Certification of Compliance

SUNAMERICA ANNUITYAND LIFE ASSURANCE COMPANY does hereby certify that the following listed form(s):

ASA-579 (5/12); ASA-579-1 (5/12); ASA-579LP (5/12)

Do comply with all Sections of the **Arkansas** Insurance Code and regulations applicable to such insurance policies and related forms, and will be so construed. We also certify that we are in compliance with Rule and Regulation 19 (2nd Revision) regarding Unfair Sex Discrimination in the Sale of Insurance.

Data

Date

Manda Ghafe*l*

Assistant Vice President

SUNAMERICA ANNUITY AND LIFE ASSURANCE COMPANY 1 SunAmerica Center Los Angeles, CA 90067-6022

CERTIFICATION OF READABILITY

This is to certify that the form(s) listed below is/are in compliance with the Flesch Readability Score

Option Selected								
Policy and its related forms are scored for the Flesch reading test as one unit and the combined score is								
Ø	2.	Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the Policy are indicated below.						
Forms	s and Fo	rm Numbers to which Certificate is a	pplicable:					
ation		Form Number ASA-579 (5/12) ASA-579-1 (5/12) ASA-579LP (5/12)	Flesch Score 52.2 51.6 52.2					
Test (Option S	Selected						
	1.	Test was applied to entire policy for	m(s).					
		Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.						
	2.	10,000 words. Copy of form(s) encl	• • • • • • • • • • • • • • • • • • • •					
		10,000 words. Copy of form(s) encl	• • • • • • • • • • • • • • • • • • • •					
	Forms eation eation	☐ 1. ☐ 2. Forms and Forms and Forms and Forms and Forms attion station.	 Policy and its related forms are scortest as one unit and the combined so Policy and its related forms are scorreading ease test. Scores for the Policy and Form Numbers to which Certificate is a second ASA-579 (5/12) ASA-579-1 (5/12) ASA-579LP (5/12) Test Option Selected 					

Deferred Variable Annuity Application/Enrollment Form ("Application") SunAmerica the retirement specialist

SunAmerica Annuity and Life Assurance Company Domicile State: Arizona Annuity Service Center 21650 Oxnard Street, Suite 750 Woodland Hills, CA 91367-4997 New Business Documents with checks: P.O. Box 100330 Pasadena, CA 91189-0330

without checks: P.O. Box 54299 Los Angeles, CA 90054-0299 overnight with checks: 2710 Media Center Drive Building #6, Suite 120 Los Angeles, CA 90065-1750 without checks: 21650 Oxnard Street, Suite 750 Woodland Hills, CA 91367-4997

■ 1-800-445-7862 www.sunamerica.com

The → indicates a required response. Please print or type

→1Product Selection (Solicitation state indicates					sure Applicatio	on is process	sed immed	liately.
Complete Select one product n page of prospectus [□ Polaris Platinum III (B) II (Bonus)]	ame (<u>Share Class</u> <i>En</i>	ter complete na	me as sho	wn on 1 st	Solicitation st (Enter two-ch		e code) _	
→2Owner(s) / Participa	ant(s) ("Owner	") Informat	ion					
Name							Male	☐ Female
Address		City				State	ZIP_	
Birth Date/// Joint Owner (if applicable)	SSN or TIN	F	Phone ()	Email_			
Name:							□ Male	☐ Female
Address		City				State	ZIP_	
Birth Date//	SSN	F	Relationship	to Owner _		Phone (_)	
→3Annuitant(s) Inform	nation (Complete o	only if different	from Own	er)				
Name							Male	☐ Female
Address		City				State	ZIP_	
Birth Date/ S	SSN	Phone ()		Email			
Joint Annuitant (if applicable)								
Name							□ Male	☐ Female
Address		City				State	ZIP_	
Birth Date//	SSN	Phone ()					
ANNUITY PAYMENTS AND VALUE FIXED DOLLAR AMOUNT, AND N						ARE NOT GU	ARANTEE	D AS TO
For applicants in Alaska only: If Y whom it was purchased within 10 Company will refund the greater of the Certificate replaced any other which the Certificate is received.	days (30 days if the Ce f Purchase Payment(s) life insurance or annuit	ertificate replaced paid or the Certi y contract(s), the	any other lificate Value Company	life insurance e on the busi will refund th	e or annuity contr ness day during e Certificate Valu	act(s)) after Y which the Ce ue on the bus	ou receive rtificate is r iness day o	eit. The received. If during

For applicants in Arizona only: Upon your written request, we will provide you, within a reasonable period of time, factual information regarding the benefits and provisions of the variable annuity Contract for which you are applying. If for any reason you are not satisfied with the Contract, you may return the Contract within ten days (30 days if you are age 65 or older on the date of the application or if the Contract replaced any other life insurance or annuity contract(s)) after you receive it. You will receive an amount equal to the sum of (1) the difference between the premiums paid and the amounts allocated to any account under the Contract and (2) the Contract Value on the date the returned Contract is received by our Company or agent. Upon such refund, the Contract will be void.

information regarding benefits and provisions of the annuity Certificate within 10 days.

→ 4Beneficiary Information

Please complete the beneficiary information below. Additional beneficiaries, if any, can be listed on a separate document and submitted with this Application. Note: If any living benefit is elected with Joint Life (2 covered persons) under Section 6(a) below, you must provide the spousal beneficiary information below.

If the beneficiary type is not selected, the beneficiary will be designated as "primary." Multiple beneficiaries will share the death benefit equally unless otherwise specified. For non-individually owned, custodially held IRAs, 457, and qualified plans, if no beneficiary is listed, the beneficiary will default to the Owner listed on this Application.

Name (First, MI, Last)	Birth Date/ Trust Date	Beneficiary Type	Relationship	SSN/TIN	%
		☐ Primary			
		☐ Primary ☐ Contingent			
		☐ Primary ☐ Contingent			
		☐ Primary ☐ Contingent			
		☐ Primary ☐ Contingent			
		☐ Primary ☐ Contingent			L

→5Contract/Certificate ("Contract") Type and Source of Funds

Initial Payment: Make check payable to SunAmerica Annuity. If this is a 1035 Exchange or transfer, please complete the appropriate 1035 Exchange/Transfer form and submit it with this Application. See prospectus for minimum Purchase Payment amounts.

5a. Non-Qualified Contract Indicate type and amount of initial Payment below.		5b. Qualified Contract Indicate type of plan for new contract, source of funds, and amount below.				
☐ Amount enclosed: \$		Type of Plan for /	<i>Vew</i> Contract	Source of Funds	Amount	
OR		□ IRA	<u>□ 401(a)*</u> 401(k)	☐ Transfer	\$	
☐ 1035 Exchange		☐ Roth IRA	<u>□ 401(k)*</u> □ 457	☐ Rollover	\$	
Estimated dollars: \$		□ SEP	<u> 457</u> Keogh	☐ Contribution	\$	
		Other	Keogh	IRA Tax Year:		
		* Is plan subject to E	RISA? ☐ Yes ☐ No			

→6Optional Benefits

am electing an optional living benefit

6(a). Optional Living Benefit Elections: You MUST complete section 6(a) Only one living benefit option may be elected (not available of Polaris Advisor III).

I. Da SunAmerica Income Plus 6

I am NOT electing an Optional Living Benefit (proceed to 6(b) below)

II. If electing an Optional Living Benefit, you must check one box under the Living Benefit Features section below.

II. □ SunAmerica		
If you elect a →	SunAmerica Income Plus Option 1 - Single Life - Up to 6% MAWA	If you elect a 👈
Dynamic Allocation	☐ Joint Life – Up to 5.5% MAWA*	OR Custom Allocation
Income Option,	Option 2 - 🖵 Single Life – Up to 7% MAWA	Income Option,
Provide your	☐ Joint Life – Up to 6.5% MAWA*	provide your
investment	Option 3 - Single Life – Up to 5.25% MAWA	investment
instructions in	☐ Joint Life – Up to 4.75% MAWA*	instructions on
Section 7(a).	OR-	the attached
	<u>ON</u>	Investment Option
	SunAmerica Income Builder 4	Election Form.
ASA-579 (<mark>5/1210/0</mark>	☐ Single Life – Up to 5% for Life☐ Joint Life – Up to 4.5% for Life*	

Custom Allocation Income Options

SunAmerica Income Plus with

"Custom Allocation"

□ Single Life – Up to 5% for Life

□ Joint Life – Up to 4.5% for Life*

III. — MarketLock For I	_ife covered persons by selecting	Single Life or Joint	Life below		
	3-Single Life (1 covered persons)	on) 🖵 Joint Lif	e (2 covered persons). You	u must complete the spousal bering the spouse as the sole prima	
	lete the spousal Beneficiary Ind				
	-		-	optional<u>If</u> the Maximum Ann enefit provided in the Contrac	•
				rnejn provided in the Contrac ring benefit is elected above)	
<u>H.I.</u> □ Maximuı	m Anniversary Value (MAV)	Ü	V	,	
	m Anniversary Value with Esta e in Washington.)	t ePlus (<i>EstatePlu,</i>	s is only available with I	Polaris Choice III products a	nd is not
avanaon	in washington.)				
> 7Invoctment Co	lastian / Ontional Comit	o FooturooDro	aromo		
The Investment Option	Election / Optional Service	e Features Project with this Application	grams Ion to make specific invest	ment choices. Select Optional F	rograms below.
If you elected [SunAme	erica <u>Income Plus]</u> Sele	ct your investment	options and optional servic	e features below. Do not compl	
Or [SunAmerica Incor	The Bullder With	stment Option Elect	tion Form (IOEF).		
["Dynamic Allocation					
If you elected [SunAme with "Custom Allocation of the control of t				<u>lete the Investment Option Elect</u> cation to make specific investme	
If you are not electing a		Titiust be signed a	на інсіваса міш шіз дррік	cation to make specific investific	III CHOICES.
		ne Plus] or [SunAr	merica Income Builder wi	th "Dynamic Allocation Incom	ne Options"]
Initial Purchase		llocate 20 % of your	initial Purchase Payment t	to the Secure Value Account. Yo	
				tion 1 or 2 below, we rebalance	your choice(s)
	riginal allocations. We do not				nin 20 days fam.
	aging: Invest gradually in my al Purchase Payment is receiv		<u>ing the DCA Account I've c</u>	hecked here. DCA Program be	<u>gins 30 days from</u>
□ 6-Month D	•	sa. I-Year DCA Accour	nt* Or	☐ 2-Year DCA Account**	
	le in MN or MS for Polaris Adv				`
	Auto	matic Secure Valu	e Account Allocation: 20	<mark>%</mark>	
		Oution 1 (Channe	one on both Doubleties be	10)	_
If you elected a	☐ SunAmerica Dynamic Al		one or both Portfolios be	rica Dynamic Strategy Portfolio	•
Dynamic Allocation	Note: If you select one box,	80% of your initial _l	payment is allocated to tha	t portfolio. If you select both	
Income Option in	boxes, 40% of your initial P	ırchase Payment is	allocated to each portfolio	named above.	
Section 6(a), for					
this Application					
to be in good			<u>OR</u>		
order, you must	Opti	on 2 (Invest in one	e or more of the Portfolio	s below)	
indicate your		(Payment Allocation	Target DCA	7
<u>investment</u> <u>selection here</u> in	Cash Management		%	%	
Option 1 <u>or</u> Option 2.	Corporate Bond Global Bond		% %	% %	
5511011 1 <u>07</u> 5511011 2.	Government and Quality Bo	nd	%	%	
	Real Return SunAmerica Dynamic Alloc	ation Portfolio	% %	% %	
	SunAmerica Dynamic Strate		% %	%	
ACA F70 (F/1010/00)	Total Return Bond		%	%	
ASA-579 (<u>5/12</u> 10/09)	Total		80%	<u>100%</u>	

7(ba). Or	otional	Programs			
		System Autom Option	matic With natic Asset Election F	t Rebalancing:* -I re	n [SA-5550SW] with this quest the <u>investment op</u> I at the frequency select	Application. ions referenced in 7(a) above or accounts designated in the Investment ed below. If you elected an optional living benefit, the rebalancing is
		(Selec	t only one)	Quarterly**	■ Semiannually	☐ Annually
		with the Reball you had proposelected instru	his Applic ancing ins ave elected rtionately d neither d ctions.]	ation, if a DCA Acc structions indicated d [SunAmerica Inco rebalance your Flo a DCA Account not	count is elected, we will on the Investment Opome Plus 6 or SunAme exible Allocation in action in a living benefit, we will be the subject of	g Instructions are provided on form [SA-2247POS] and included will use Target DCA instructions indicated for Automatic Asset viion Election form for Automatic Asset Rebalancing instructions. If viica Income Builder 8 and a DCA Account is not elected, we will reordance with the Payment Allocation instructions. If you have will rebalance in accordance with the Payment Allocation Asset Rebalancing is done quarterly.
7(<u>c</u> ŧ		elephon Yes Yes	□ No	nic Transaction, and Telephone Transact Electronic Transact		uthorization
	Re	present	ative of rec	ord and any other pe	erson(s) authorized by th	eges. These privileges allow the Owner, the authorized Registered e Owner of the Contract who can furnish proper identification (upon and to change the allocation of future payments.
	100	mplying	with transf	er instructions it reas	onably believes to be au	s, employees, representatives, and/or agents will NOT be liable for thentic, nor for any loss, damage, costs or expenses in acting in accordance s. (not applicable in Nevada)
	tra	nsaction	ns to Owne	r. If the Company do	es not employ such prod	hat the transfer instructions are genuine and will provide confirmation of all edures, it may be liable for losses due to unauthorized or fraudulent that you authorize telephone transfers and/or electronic requests.
				orida, lowa, Nevada phone and/or electro		th Dakota: If no election is made, the Company will assume you do NOT
		Yes	□ No	Electronic Delivery	y Consent	
	I co	LegandAccording	gal disclosı d semiannı count docu	re materials (prospe al reports for the und ments (quarterly state		upplements for the variable annuity and the underlying funds and annual is)

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<u>For applicants in Maryland: WARNING:</u> Any person who knowingly <u>or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly <u>or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</u></u>

For applicants in Maine, Tennessee, Virginia, and Washington: Fraud Warning: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

For applicants in New Jersey: Fraud Warning: Any person who includes any false information on an application for an insurance policy is subject to criminal and civil penalties.

For applicants in New Mexico: Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is quilty of a crime and may be subject to civil fines and criminal penalties.

For applicants in Ohio: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing any false, incomplete, or misleading information is quilty of insurance fraud.

For applicants in Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

For applicants in Pennsylvania: Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

→ 9Acknowledgements and Signature(s)

9(a). Replacement

☐ Yes ☐ No Do you have any existing life insurance or annuity contracts? (Must check either Yes or No.)

			Page 6 of 7
	☐ Yes ☐ No	Will the purchase of this annuity result in the replacement, term annuity contracts? (Must check either Yes or No)	
		of the above, please provide the information on the require vith this Application.	d forms, which can be obtained at sunamerica.com and
9(b).	For Owners ar amount that wil where your Pur	nt-to-Examine Period def Annuitants age 60 and older. Under California law, there is be returned to you if you cancel your Contract during this 30-dachase Payments will be allocated during the Right-to-Examine pese boxes, we will automatically invest your funds in the cash mact.	ay period will depend on the election below, which designates eriod. Please check one of the following boxes. If you do not
	otherwise Invest my	unds into a cash management investment option for 36 days fro ater during the waiting period. Funds immediately in my chosen stock and/or bond portfolios. I un/losses during the waiting period.	
9(c).		owner(s) the above questions are true and correct to the best of my y Contract issued by the Company. Further:	knowledge and belief. I agree that this Application shall
		wledge receipt of the current prospectuses, either physicall ble underlying funds of the trusts.	y or electronically, for this variable annuity and the
		wledge that I have read the current prospectuses for this va arefully and understand their contents. (Iowa and Minnesot	
		onsulting with my registered representative/licensed agent a is suitable for my objectives and needs. (Minnesota exemp	
	variable State G	stand that all Purchase Payments and values provided by the portfolios, are variable and are not guaranteed as to dollar overnment; are not federally insured by the FDIC, the Feder market risks, except on amounts allocated to the available	amount by the Company, the U.S. Government, or any al Reserve Board, or any other agency, Federal or State. I
		unding a tax-qualified retirement plan with this annuity, I ur erral treatment beyond that which I already have under my p	
		stand that the Company reserves the right to allocate my Puement(s), if applicable, to the cash management investmen	
		ature below indicates that I am providing my investment all Form included with this Application.	ocation election on the separate Investment Option
	 For app 	licants in Alaska: Information provided by the applicant are	representations and not warranties.
		licants in Florida: Any person who knowingly and with inteent of claim or an application containing any false, incomple gree.	
→ 0\	wner's signature		Date
Joint	owner's signatu	e (if applicable)	Date

→10Registered Representative / Licensed Agent Information and Signature(s)

☐ Yes ■ No Do you have reason to believe that the applicant has any existing life insurance or annuity contracts?

☐ Yes ■ No Do you have reason to believe that any existing life insurance or annuity contract has been (or will be) replaced, surrendered, withdrawn from, loaned against, changed, or otherwise reduced in value in connection with this transaction, assuming that the Contract applied for will be issued?

I affirm that I have instructed the applicant to answer the questions in Section 9(a) appropriately. If the answer to either question is "yes," I am providing the information on the required forms and including them with this Application.

I am authorized and/or appointed to sell this variable annuity. I have fully discussed and explained the variable annuity features and charges including restrictions to the Owner. I believe this variable annuity is suitable given the Owner's investment time horizon, goals and objectives, and financial situation and needs. I represent that: (a) I have delivered current applicable prospectuses and any supplements for the variable annuity (which includes summary descriptions of the underlying investment options); and (b) have used only current SunAmerica-approved sales material.

I certify that all information I have taken from the Owner has been truly and accurately recorded on this Application.

Pag	е	7	of	7

Registered Representative's/Licensed Agent's signature:	1 age 7 01 7							
Registered Representative's/Licensed Agent's name (please print):								
Address: 58910 Agent Street Any City, CA 12345								
Phone <u>(310) 555-1245</u> Licensed Agent ID number <u>123ABC</u> Em	nail <u>joe@agent.com</u>							
Broker / Dealer firm nameABC Broker								
Registered Representative's/Licensed Agent's name (please print)								
Address:								
PhoneLicensed Agent ID numberEn								
Broker / Dealer firm name								
3. Registered Representative's/Licensed Agent's signature	SSN (1st 5 digits ONLY)-							
Registered Representative's/Licensed Agent's name (please print)								
Address City	State ZIP							
Phone () Licensed Agent ID number	Email							
If Solicitation State is Florida, Florida License Identification number:								
For Commission Option availability, Ccheck with your home office for availability (available options vary by product) ☐ Option 1 ☐ Option 2 ☐ Option 3 ☐ Option 5								
If more than one representative, please indicate commission split: Representative 1 Representative 2 Representative 3								
Note: If there are more than three representatives, please attach all required representative information, including commission split among all representatives, on a separate document.								

Deferred Variable Annuity Application/Enrollment Form ("Application") SunAmerica the retirement specialist

SunAmerica Annuity and Life Assurance Company 2 Domicile State: Arizona Annuity Service Center 1650 Oxnard Street, Suite 750 Woodland Hills, CA 91367-4997

The \rightarrow indicates a required response. Please print or type

Wew Business Documents with checks: P.O. Box 100330 Pasadena, CA 91189-0330

without checks: P.O. Box 54299 Los Angeles, CA 90054-0299 overnight with checks:
2710 Media Center Drive
Building #6, Suite 120
Los Angeles, CA 90065-1750

without checks: 1650 Oxnard Street, Suite 750 Woodland Hills, CA 91367-4997 1-800-445-7862 www.sunamerica.com

→1Product Selection (Complete product name must be provided to ensure Application is processed immediately. Solicitation state indicates the state in which this Application is signed.) Complete product name (Enter complete name as shown on 1st page of prospectus) Solicitation state (Enter two-character state code) **→**2Owner(s) / Participant(s) ("Owner") Information ☐ Male ☐ Female Address _____ City ____ State ____ ZIP ____ Birth Date / / SSN or TIN______Phone (_____)___Email____ Joint Owner (if applicable) ☐ Male ☐ Female Address _____ City ____ State ____ ZIP ____ Birth Date / / SSN Relationship to Owner _____ Phone () **→**3Annuitant(s) Information (Complete only if different from Owner) _____ Male □ Female Address ______State___ZIP____ Phone () Birth Date / / SSN Email _____ Joint Annuitant (if applicable) ☐ Male ☐ Female Address ______State___ZIP__ Birth Date___/__/ SSN Phone ()

ANNUITY PAYMENTS AND VALUES PROVIDED BY THE CONTRACT, WHEN REDEEMED, ARE VARIABLE, ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT, AND MAY BE WORTH MORE OR LESS THAN THE TOTAL AMOUNT INVESTED.

For applicants in Alaska only: If You are not satisfied with the Certificate, You may return it to Our Annuity Service Center or to the agent through whom it was purchased within 10 days (30 days if the Certificate replaced any other life insurance or annuity contract(s)) after You receive it. The Company will refund the greater of Purchase Payment(s) paid or the Certificate Value on the business day during which the Certificate is received. If the Certificate any other life insurance or annuity contract(s), the Company will refund the Certificate Value on the business day during which the Certificate is received. Upon any refund, the Certificate shall be void. Upon your written request, we will provide you with factual information regarding benefits and provisions of the annuity Certificate within 10 days.

For applicants in Arizona only: Upon your written request, we will provide you, within a reasonable period of time, factual information regarding the benefits and provisions of the variable annuity Contract for which you are applying. If for any reason you are not satisfied with the Contract, you may return the Contract within ten days (30 days if you are age 65 or older on the date of the application or if the Contract replaced any other life insurance or annuity contract(s)) after you receive it. You will receive an amount equal to the sum of (1) the difference between the premiums paid and the amounts allocated to any account under the Contract and (2) the Contract Value on the date the returned Contract is received by our Company or agent. Upon such refund, the Contract will be void.

→ 4	Bene	ficiary	Inform	nation

Please complete the beneficiary information below. Additional beneficiaries, if any, can be listed on a separate document and submitted with this Application. Note: If any living benefit is elected with Joint Life (2 covered persons) under Section 6(b) below, you **must** provide the spousal beneficiary information below.

If the beneficiary type is not selected, the beneficiary will be designated as "primary." Multiple beneficiaries will share the death benefit equally unless otherwise specified. For non-individually owned, custodially held IRAs, 457, and qualified plans, if no beneficiary is listed, the beneficiary will default to the Owner listed on this Application.

Name (First, MI, Last)	Birth Date/ Trust Date	Beneficiary Type	Relationship	SSN/TIN	%
		☐ Primary			
		☐ Primary ☐ Contingent			
		☐ Primary ☐ Contingent			
		☐ Primary ☐ Contingent			

→5Contract/Certificate ("Contract") Type and Source of Funds

Initial Payment: Make check payable to SunAmerica Annuity. If this is a 1035 Exchange or transfer, please complete the appropriate 1035 Exchange/Transfer form and submit it with this Application. See prospectus for minimum Purchase Payment amounts.

3				
5a. Non-Qualified Contract Indicate type and amount of initial Payment below.		5b. Qualified Contract Indicate type of plan for ne		
☐ Amount enclosed: \$		Type of Plan for /	<i>lew</i> Cont	
OR □ 1035 Exchange Estimated dollars: \$		□ IRA □ Roth IRA □ SEP □ Other * Is plan subject to	☐ 40 ☐ 40 ☐ 45 ☐ Ked	

5b. Qualified Contract Indicate type of plan for new contract, source of funds, and amount below.								
Type of Plan for	<i>New</i> Contract	Source of Funds	Amount					
□ IRA	□ 401(a) <u>*</u>	□ Transfer	\$					
☐ Roth IRA	□ 401(k)*	□ Rollover	\$					
□ SEP	457	□ Contribution	\$					
☐ Other	☐ Keogh	IRA Tax						
* Is plan subject t	o ERISA? 🗖 Yes 🗖 No	Year:						
	=							

→6Optional Benefits

am electing an ontional living benefit	— □ Yes	_
an electing an optional living benefit	<u> </u>	
am alacting an antional death hanofit		PN/
an ciccing an optional ucain pencil	<u> </u>	

Once elected by the Owner, optional benefits may not be changed or terminated (with the exception of living benefit elections). See your registered representative/licensed agent and/or the prospectus for information about optional elections, including availability, and the maximum issue age and investment requirements. Investment requirements apply to certain optional living benefits. The investment requirements are indicated on the Investment Option Election Form.

- **6(a)**. Optional Feature: Only one optional feature may be elected. If elected, there will be an additional fee added to the Separate Account Charge and the elected feature replaces the default 7-year withdrawal charge period in the Contract. Refer to the prospectus for complete details.
 - I.

 Early Access: Provides a 4-year withdrawal charge period
 - II. Rewards: Provides a Payment Enhancement and a 9-year withdrawal charge period
- 6(b). Optional Living Benefit Elections: You MUST complete section 6(b). Only one living benefit option may be elected
 - I. I am NOT electing an Optional Living Benefit (proceed to 6(c) below)
 - II. If electing an Optional Living Benefit, you must check one box under the Living Benefit Features section below.

If you elect a →	Dynamic Allocation Income Options	If you elect a →
Dynamic Allocation	SunAmerica Income Plus 6%	OR Custom Allocation
Income Option,	Option 1 - ☐ Single Life – Up to 6% MAWA ☐ Joint Life – Up to 5.5% MAWA*	Income Option,
Provide your	Option 2 - Single Life – Up to 7% MAWA	provide your
investment	☐ Joint Life – Up to 6.5% MAWA*	investment
instructions in	Option 3 - ☐ Single Life – Up to 5.25% MAWA	instructions on
Section 7(a).	☐ Joint Life – Up to 4.75% MAWA*	the attached
	<u>OR</u>	Investment Option
	SunAmerica income Builder ☐ Single Life – Up to 5% for Life	Election Form.
	☐ Joint Life – Up to 4.5% for Life*	

Custom Allocation income Options
SunAmerica Income Plus with
"Custom Allocation"
☐ Single Life – Up to 5% for Life
☐ Joint Life – Up to 4.5% for Life*

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	ete the spousal Beneficiary .	Information in Section 4	<u>!</u>		J
I. SunAmerica Incom					
II. ☐ SunAmerica Incor III. ☐ MarketLock For L					
Covered Persons: -	l-Single Life (1 covered per			nust complete the spousal beno g the spouse as the sole primar	
6(c). Optional Death B	enefit Election s : <i>Only on</i>	e death benefit option	ı mav be elected. I f the M	Maximum Anniversary Value	no optional
				lard death benefit provided i	
Contract.					
			nd not available if a livin	ig benefit is elected above)	
H.I. ☐ Maximur	n Anniversary Value <u>(MAV)</u> e rsary Value with EstatePlu	E (Estato Plus is not a	vailable in Washington		
m. Waximam Annive	risary value with Estater in	s (Estate1 tus is not a	vanable in washington.)		
7 Investment Se	oloction / Optional So	avica Faaturas			
	election / Optional Ser			la fastana balan Danatan	
If you elected [SunAm		Investment Option Ele		ice features below. Do not com	ipiete tne
Or [SunAmerica Inco	-	invesiment Option Li	schoff offit (IOLI).		
["Dynamic Allocation	-				
If you elected [SunAm "Custom Allocation"	nerica Income Plus with			plete the Investment Option Ele this Application to make specific	
	-	choices.	e Signed and included with	inis Application to make specifi	, investment
If you are not electing	•		oriae Incomo Duildor with	#Dynamia Allegation Income	Ontions//l
				<u>"Dynamic Allocation Income</u> the Secure Value Account. You	
	<u>6</u> to Option1 or Option 2 be			<u>ine Secure value Accoun</u> i. Tot	тпау апосате
		-	•	n 1 or 2 below, we rebalance y	our choice(s)
	iginal allocations. We do no				<u> </u>
			g the DCA Account I've che	ecked here. DCA Program beg	ins 30 days from
the date your initia	al Purchase Payment is reco	<u>eived.</u>			
☐ 6-Month D	CA Account* Or CA Account*	1-Year DCA Account	* Or \Box	2-Year DCA Account**	
	ole in MS <mark>if</mark> Early Access o	or Polaris Rewards is	elected. **Not available i	n WA or in MS <mark>if</mark> Early Acces	<u>s or Polaris</u>
Rewards is elected	_			1	
	Au	tomatic Secure Value	Account Allocation: 20%		
		Ontion 1 (Choose o	ne or both Portfolios belo	w)	1
If you elected a	☐ SunAmerica Dynamic			a Dynamic Strategy Portfolio	
Dynamic Allocation	Note: If you select one bo	x, 80% of your initial pa	ayment is allocated to that p	oortfolio. If you select both	
Income Option in	boxes, 40% of your initial	Purchase Payment is a	allocated to each portfolio n	amed above.	
Section 6(a), for					
this Application					
to be in good —			<u>OR</u>		
order you must					1
indicate your	Op	otion 2 (Invest in one	or more of the Portfolios b	· · · · · · · · · · · · · · · · · · ·	
investment	Cash Management		Payment Allocation%	Target DCA %	
selection here.	Corporate Bond		%	%	
•	Global Bond		%	%	
	Government and Quality	Bond	%	%	
	Real Return SunAmerica Dynamic Allo	ocation Portfolio	% %	% %	
	SunAmerica Dynamic Str			%	
	Total Return Bond	o, e e	%	%	
_	Total		80%	<u>100%</u>	/
					l

The Investment Option Election Form must be included with this Application to make specific investment choices. Select Optional Programs below.

Page 4 of 7 7(ba). Optional Programs □ Systematic Withdrawal: Include Form [SA-5550SW] with this Application. □ Automatic Asset Rebalancing:* -I request the accounts investment options referenced in 7(a) above or designated in the Investment Option Election Form to be rebalanced at the frequency selected below. If you elected an optional living benefit, the rebalancing is automatically done quarterly: (Select only one) ☐ Quarterly** ■ Semiannually ■ Annually <u>*Note:</u> Unless separate <u>Aa</u>sset <u>Aa</u>llocation <mark>Rr</mark>ebalancing <mark>Ii</mark>nstructions are provided on form [SA-2247POS] aand included with this Application, if a DCA Account is elected, we use Target DCA instructions indicated for Automatic Asset Rebalancing instructions-indicated on the Investment Option Election form for Automatic Asset Rebalancing instructions. ** If you elected an Optional Living Benefit, Automatic Asset Rebalancing is done quarterly. . If you have elected [SunAmerica Income Plus 6 or SunAmerica Income Builder 8] and a DCA Account is not elected, we will proportionately rebalance your Flexible Allocation in accordance with the Payment Allocation instructions. If you have elected neither a DCA Account nor a living benefit, we will rebalance in accordance with the Payment Allocation instruction7(cb). Telephone, Electronic Transaction, and Electronic Delivery Authorization ☐ Yes □ No **Telephone Transaction Authorization** Yes □ No **Electronic Transaction Authorization** Your Contract, if issued, will allow for pre-authorized transfer privileges. These privileges allow the Owner, the authorized Registered Representative of record and any other person(s) authorized by the Owner of the Contract who can furnish proper identification (upon

completion by Owner of the authorization below) to make transfers and to change the allocation of future payments.

The Company and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will NOT be liable for complying with transfer instructions it reasonably believes to be authentic, nor for any loss, damage, costs or expenses in acting in accordance with such instructions, and Owner will bear the risk of any such loss. (not applicable in Nevada)

The Company will employ reasonable procedures to authenticate that the transfer instructions are genuine and will provide confirmation of all transactions to Owner. If the Company does not employ such procedures, it may be liable for losses due to unauthorized or fraudulent instructions. If no selection is made, the Company will assume that you authorize telephone transfers and/or electronic requests

For applicants in Florida, Iowa, Nevada, New Mexico, and North Dakota: If no election is made, the Company will assume you do NOT want to authorize telephone and/or electronic transfers.

Yes ■ No **Electronic Delivery Consent**

I consent to electronic delivery by the Company, when available, of:

- Legal disclosure materials (prospectuses and prospectus supplements for the variable annuity and the underlying funds and annual and semiannual reports for the underlying funds)
- Account documents (quarterly statements and confirmations)
- Related correspondence (privacy notice and other notices to customers)

I confirm that I have access to a computer with the hardware and software necessary (Adobe Acrobat®, Internet access, and an active email account) to receive this information electronically—in the form of a compact disc, by email, or by notice to me of a document's availability on the Company website. I confirm that I have the ability to retrieve and retain electronic communications that are subject to this consent. I understand that I must provide my email address under Section 2 of the Application to use this service.

I understand that:

- There is no charge for electronic delivery, although I may incur the costs of Internet access and computer usage.
- I may always request a paper copy of this information at any time for no charge, even though I consent to electronic delivery.
- The Company is not required to deliver this information electronically and may discontinue electronic delivery in whole or part at any time.

This consent is effective until further notice by the Company or until I revoke it.

Please call [1-800-445-7862] if you would like to revoke your consent, receive a paper copy of any of the above information via U.S. mail, or need to update your email address indicated in Section 2 of this Application.

Notices and Disclaimers

Fraud Warning (applies to all states, except Arizona and the states noted below): Any person, who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be quilty of insurance fraud.

For applicants in Arkansas and Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is quilty of a crime and may be subject to fines and confinement in prison.

For applicants in Colorado: Fraud Warning: It is unlawful to knowingly provide false, incomplete, misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines,

denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services.

For applicants in the District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For applicants in Kentucky: Fraud Warning: Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime.

For applicants in Louisiana-and Maryland: WARNING: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is quilty of a crime and may be subject to fines and confinement in prison.

For applicants in Maryland: WARNING: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is quilty of a crime and may be subject to fines and confinement in prison.

For applicants in Maine, Tennessee, Virginia, and Washington: Fraud Warning: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

For applicants in New Jersey: Fraud Warning: Any person who includes any false information on an application for an insurance policy is subject to criminal and civil penalties.

For applicants in New Mexico: Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is quilty of a crime and may be subject to civil fines and criminal penalties.

For applicants in Ohio: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing any false, incomplete, or misleading information is guilty of insurance fraud.

For applicants in Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

For applicants in Pennsylvania: Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

) <i>F</i>	Ackı	nowled	gements and Signature(s)		
9(a).		lacement 'es 🗖 No	Do you have any existing life insurance or annuity contracts? (Must check either Yes or No.)		
	□ Y	'es □ No	Will the purchase of this annuity result in the replacement, termination, or change in value of any existing life insurance or annuity contracts? (Must check either Yes or No)		
	•		of the above, please provide the information on the required forms, which can be obtained at sunamerica.com, and with this Application.		
P(b). California Right-to-Examine Period For Owners and Annuitants age 60 and older. Under California law, there is a 30-day Right-to-Examine period of your Contract. The amount that will be returned to you if you cancel your Contract during this 30-day period will depend on the election below, which design where your Purchase Payments will be allocated during the Right-to-Examine period. Please check one of the following boxes. If you do check one of these boxes, we will automatically invest your funds in the cash management investment option for 36 days from the date vissue the Contract.					
		otherwise Invest my	funds into a cash management investment option for 36 days from the date the Company issues the Contract, unless I direct later during the waiting period. funds immediately in my chosen stock and/or bond portfolios. I understand that by doing so, I am subjecting my investment to in/losses during the waiting period.		

9(c). Statement of Owner(s)

My answers to the above questions are true and correct to the best of my knowledge and belief. I agree that this Application shall be a part of any Contract issued by the Company. Further:

- I acknowledge receipt of the current prospectuses for this variable annuity and the applicable underlying funds of the trusts.
- I acknowledge that I have read the current prospectuses for this variable annuity and the applicable underlying funds of the trusts carefully and understand their contents. (Iowa and Minnesota exempted)
- After consulting with my registered representative/licensed agent and reviewing the prospectuses, I confirm that this variable annuity is suitable for my objectives and needs. (Minnesota exempted.)
- I understand that all Purchase Payments and values provided by the Contract, when based on investment experience of the
 variable portfolios, are variable and are not guaranteed as to dollar amount by the Company, the U.S. Government, or any
 State Government; are not federally insured by the FDIC, the Federal Reserve Board, or any other agency, Federal or State. I
 bear all market risks, except on amounts allocated to the available Fixed Account Options.
- If I am funding a tax-qualified retirement plan with this annuity, I understand that the annuity does not provide any additional tax deferral treatment beyond that which I already have under my plan.
- I understand that the Company reserves the right to allocate my Purchase Payment(s) and any Initial Payment Enhancement(s), if applicable, to the cash management investment option until the end of the Right-to-Examine period.
- My signature below indicates that I am providing my investment allocation election on the separate Investment Option Election Form included with this Application.
- For applicants in Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement
 of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- For applicants in Alaska: Information provided by the applicant are representations and not warranties.
- For applicants in Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a
 statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the
 third degree.

→Owner's s	signatu	reDate				
Joint owner's	's signa	ture (if applicable)Date				
10 Regis	stere	d Representative / Licensed Agent Information and Signature(s)				
□ Yes □	N o	Do you have reason to believe that the applicant has any existing life insurance or annuity contracts?				
□ Yes □	□ No	Do you have reason to believe that any existing life insurance or annuity contract has been (or will be) replaced, surrendered, withdrawn from, loaned against, changed, or otherwise reduced in value in connection with this transaction, assuming that the Contract applied for will be issued?				
		instructed the applicant to answer the questions in Section 9(a) appropriately. If the answer to either question is "yes," I am nation on the required forms and including them with this Application.				
including res	I am authorized and/or appointed to sell this variable annuity. I have fully discussed and explained the variable annuity features and charges including restrictions to the Owner. I believe this variable annuity is suitable given the Owner's investment time horizon, goals and objectives, and financial situation and needs. I represent that: (a) I have delivered current applicable prospectuses and any supplements for the variable annuity (which includes summary descriptions of the underlying investment options); and (b) have used only current SunAmerica-approved sales material.					
I certify that	ıt all inf	formation I have taken from the Owner has been truly and accurately recorded on this Application.				
1. Registered	1. Registered Representative's/Licensed Agent's signature:					
Registered R	Represe	entative's/Licensed Agent's name (please print):				
Address:	58910	O Agent Street Any City, CA 12345				

123ABC

Email

joe@agent.com

(310) 555-1245

Licensed Agent ID number

Broker / Dealer firm name	ABC Broker			Page 7 of 7
2. Registered Representative's/Lic	censed Agent's name (please print)			
Address:				
	Licensed Agent ID number			
Broker / Dealer firm name				
	censed Agent's signature			ts ONLY)-
Registered Representative's/Licer	nsed Agent's name (please print)			
Address	City		State	ZIP
Phone ()	Licensed Agent ID number	Email		
If Solicitation State is Florida, Flori	da License Identification number:			
	ility, cCheck with your home office for € ☐ Option 3 ☐ Option 4		product)	

<u>If more than one representative, please indicate commission split:</u>

Note: If there are more than three representatives, please attach all required representative information, including commission split among all representatives, on a separate document.

Deferred Variable Annuity Application/Enrollment Form ("Application") SunAmerica* the retirement specialist

SunAmerica Annuity
and Life Assurance Company
Domicile State: Arizona
Annuity Service Center
21650 Oxnard Street, Suite 750
Woodland Hills, CA 91367-49974991

New Business Documents

with checks: P.O. Box 100330 Pasadena, CA 91189-0330

without checks: P.O. Box 54299 Los Angeles, CA 90054-0299 overnight with checks: 2710 Media Center Drive Building #6, Suite 120 Los Angeles, CA 90065<u>-1750</u> without checks: 21650 Oxnard Street, Suite 750 Woodland Hills, CA 91367-4997

1-800-445-7862 www.sunamerica.com

The → indicates a required response. Please print or type

Complete Select one product name (Share Class Enter complete name as shown on 1st page of prospectus) [□ Polaris Platinum III (B) □ Polaris Choice IV (L) □ Polaris Advantage II (Bonus)]					Solicitation state (Enter two-character state code)			
→2Owner(s) / Particip	oant(s) ("Owner	") Informa	tion					
Name							Male	☐ Femal
Address		City				State	ZIP_	
Birth Date//	SSN or TIN		Phone ()	Email_			
Joint Owner (if applicable)								
Name:							Male	☐ Femal
Address		City				State	ZIP_	
Birth Date/	SSN		Relationshi	p to Owner _		Phone (_)	
→3Annuitant(s) Inform	mation (Complete o	nly if different	from Owi	ner)				
Name							Male	☐ Femal
Address		City_				State	ZIP_	
Birth Date/	SSN	Phone ()		Email			
Joint Annuitant (if applicable)								
Name							Male	☐ Femal
Address		City				State	ZIP_	
Birth Date/								
ANNUITY PAYMENTS AND VAL FIXED DOLLAR AMOUNT, AND						RE NOT GU	ARANTEE	O AS TO

For applicants in Alaska only: If You are not satisfied with the Certificate, You may return it to Our Annuity Service Center or to the agent through whom it was purchased within 10 days (30 days if the Certificate replaced any other life insurance or annuity contract(s)) after You receive it. The Company will refund the greater of Purchase Payment(s) paid or the Certificate Value on the business day during which the Certificate is received. If the Certificate any other life insurance or annuity contract(s), the Company will refund the Certificate Value on the business day during which the Certificate is received. Upon any refund, the Certificate shall be void. Upon your written request, we will provide you with factual information regarding benefits and provisions of the annuity Certificate within 10 days.

For applicants in Arizona only: Upon your written request, we will provide you, within a reasonable period of time, factual information regarding the benefits and provisions of the variable annuity Contract for which you are applying. If for any reason you are not satisfied with the Contract, you may return the Contract within ten days (30 days if you are age 65 or older on the date of the application or if the Contract replaced any other life insurance or annuity contract(s)) after you receive it. You will receive an amount equal to the sum of (1) the difference between the premiums paid and the amounts allocated to any account under the Contract and (2) the Contract Value on the date the returned Contract is received by our Company or agent. Upon such refund, the Contract will be void.

→4Beneficiary Information

Please complete the beneficiary information below. Additional beneficiaries, if any, can be listed on a separate document and submitted with this Application. Note: If any living benefit is elected with Joint Life (2 covered persons) under Section 6(a) below, you must provide the spousal beneficiary information below.

If the beneficiary type is not selected, the beneficiary will be designated as "primary." Multiple beneficiaries will share the death benefit equally unless otherwise specified. For non-individually owned, custodially held IRAs, 457, and qualified plans, if no beneficiary is listed, the beneficiary will default to the Owner listed on this Application.

Name (First, MI, Last)	Birth Date/ Trust Date	Beneficiary Type	Relationship	SSN/TIN	%
		☐ Primary			
		□ Primary □ Contingent			
		□ Primary □ Contingent			
		□ Primary □ Contingent			
		☐ Primary ☐ Contingent			
<u> </u>					

→5Contract/Certificate ("Contract") Type and Source of Funds

Initial Payment: Make check payable to SunAmerica Annuity. If this is a 1035 Exchange or transfer, please complete the appropriate 1035 Exchange/Transfer form and submit it with this Application. See prospectus for minimum Purchase Payment amounts.

5a. Non-Qualified Contract Indicate type and amount of initial Payment below.		5b. Qualified Contract Indicate type of plan for new contract, source of funds, and amount below.					
☐ Amount enclosed: \$		Type of Plan for	New Contract	Source of Funds	Amount		
OR		□ IRA	<u>□ 401(a)*</u> 401(k)	☐ Transfer	\$		
□ 1035 Exchange Estimated dollars: \$		☐ Roth IRA☐ SEP☐ Other	☐ 401(k)*☐-457 ☐ 457☐-Keogh ☐ Keogh	☐ Rollover☐ Contribution☐ IRA Tax Year:	\$ \$		
		* Is plan subject to	ERISA? Yes No				

→6Optional	Benefits
------------	-----------------

 1am electing an optional living benefit
 □ Yes □ No

 Lam electing an optional death benefit
 □ Yes □ No

Once elected by the Owner, optional benefits may not be changed or terminated (with the exception of living benefit elections). See your registered representative/licensed agent and/or the prospectus for information about optional elections, including availability, and the maximum issue age and investment requirements. Investment requirements apply to certain optional living benefits. The investment requirements are indicated on the Investment Option Election Form.

6(a). Optional Living Benefit Elections: You MUST complete section 6(a) Only one living benefit option may be elected (not available on Polaris Advisor III).

I. U SunAmerica Income Plus 6

I am NOT electing an Optional Living Benefit (proceed to 6(b) below)

II. If electing an Optional Living Benefit, you must check one box under the Living Benefit Features section below.

II. □ SunAmerica	ncome Bu ற்ரா ளிic Allocation Income Options	
	SunAmerica Income Plus	
If you elect a →	Option 1 - Single Life - Up to 6% MAWA	If you elect a 👈
Dynamic Allocation	☐ Joint Life – Up to 5.5% MAWA*	OR Custom Allocation
Income Option,	Option 2 - 🖵 Single Life – Up to 7% MAWA	Income Option,
Provide your	☐ Joint Life – Up to 6.5% MAWA*	provide your
investment	Option 3 - Single Life – Up to 5.25% MAWA	investment
instructions in	☐ Joint Life – Up to 4.75% MAWA*	instructions on
Section 7(a).	OR:	the attached
	<u>ON</u>	Investment Option
	SunAmerica [Income Builder] ← 4	Election Form.
	☐ Single Life – Up to 5% for Life	
ASA-579LP (5/12 1	Joint Life – Up to 4.5% for Life*	

Custom Allocation Income Options
SunAmerica Income Plus with
"Custom Allocation"

☐ Single Life – Up to 5% for Life ☐ Joint Life – Up to 4.5% for Life*

III. — MarketLock For Li	ife————————————————————————————————————	a Life on Joint Life below
	:-Single Life (1 covered person)	☐ Joint Life (2 covered persons). You must complete the spousal beneficiary information in Section 4 above, listing the spouse as the sole primary beneficiary.
*You must comple	ete the spousal Beneficiary Informa	tion in Section 4.
		the benefit option may be elected. If no optional If the Maximum Anniversary Value
Death Benefit <mark>÷i</mark> s_	NOT elected, the beneficiary(i	es) will receive the standard death benefit provided in the Contract.
	n HV & Roll-up (<i>not available in-</i> n Anniversary Value<u> (MAV)</u>	Washington and not available if a living benefit is elected above)
III. ☐ Maximum	n Anniversary Value with EstatePlu	18 (EstatePlus is only available with Polaris Choice III products and is not
available	in Washington.)	
→7Investment Sele	ection / Optional Service Fo	eatures Programs th this Application to make specific investment choices. Select Optional Programs below.
If you elected [SunAme		ur investment options and optional service features below. Do not complete the
Or [SunAmerica Incom		nt Option Election Form (IOEF).
["Dynamic Allocation"	1	
If you elected [SunAme		and continue with 7(b). Be sure to complete the Investment Option Election Form (IOEF),
with "Custom Allocation		st be signed and included with this Application to make specific investment choices.
If you are not electing a		unal ou IC: MAmerica Income Duilder with "Dumentic Allegation Income Outlane"
		us] or [SunAmerica Income Builder with "Dynamic Allocation Income Options"] te 20% of your initial Purchase Payment to the Secure Value Account. You may allocate
		r Option 2 below; only select one of the options.
		feature named above, if you selected Option 1 or 2 below, we rebalance your choice(s)
-		de the Secure Value Account in rebalancing.
	aging: Invest gradually in my choid Il Purchase Payment is received.	ce(s) below using the DCA Account I've checked here. DCA Program begins 30 days from
□ 6-Month D		ar DCA Account* Or • 2-Year DCA Account**
		ge products. ** Not available in WA or for Polaris Advantage products.
	Automation	c Secure Value Account Allocation: 20%
Ī	Outi-	A (Change and the Ale Double Line halow)
If you elected a	☐ SunAmerica Dynamic Allocati	on 1 (Choose one or both Portfolios below) on Portfolio SunAmerica Dynamic Strategy Portfolio
Dynamic Allocation	Note: If you select one box, 80%	of your initial payment is allocated to that portfolio. If you select both
Income Option in	boxes, 40% of your initial Purcha	se Payment is allocated to each portfolio named above.
Section 6(a), for this Application		
to be in good		<u>UR</u>
order, you must indicate your	Option 2	(Invest in one or more of the Portfolios below)
investment	0.11	Payment Allocation Target DCA
selection here in	Cash Management Corporate Bond	% %
Option 1 <u>or</u> Option 2.	Global Bond	%
	Government and Quality Bond Real Return	% %
	SunAmerica Dynamic Allocation	Portfolio%%
	SunAmerica Dynamic Strategy P	ortfolio%%
ASA-579 <u>LP</u> (<u>5/12</u> 10/09)	Total Return Bond Total	% 80%

7(<u>b</u> a). (Optional	l Programs	;		
<u> </u>	Autor Option	matic Asse n Election F	t Rebalancing:* -I re	rm [SA-5550SW] with the equest the investment of at the frequency selections and the frequency selections are investigated.	options referenced in 7(a) above or accounts designated in the Investment ected below. If you elected an optional living benefit, the rebalancing is
	(Selec	ct only one)	■ Quarterly***	■ Semiannually	☐ Annually
	with to <u>Reba</u> you h prope electe	this Applic <u>lancing in</u> tave electe ortionately	cation, if a DCA Ac structions-indicate d [SunAmerica Ind rebalance your F	ccount is elected, we- ed on the Investment (come Plus 6 or SunA lexible Allocation in	ing Linstructions are provided on form [SA 2247POS] and included will use Target DCA instructions indicated for Automatic Asset Option Election form for Automatic Asset Rebalancing instructions. If merica Income Builder 8 and a DCA Account is not elected, we will accordance with the Payment Allocation instructions. If you have will rebalance in accordance with the Payment Allocation
		-	<u>d an Optional Livi</u>	<u>ing Benefit, Automati</u>	c Asset Rebalancing is done quarterly.
	Γelephoι ⊒ Yes ⊒ Yes	ne, Electro □ No □ No	Telephone Transac	nd Electronic Delivery ction Authorization ction Authorization	Authorization
F	Represen	ntative of re	cord and any other p	person(s) authorized by	vileges. These privileges allow the Owner, the authorized Registered the Owner of the Contract who can furnish proper identification (upon ers and to change the allocation of future payments.
С	omplying	g with trans	fer instructions it rea	sonably believes to be	ers, employees, representatives, and/or agents will NOT be liable for authentic, nor for any loss, damage, costs or expenses in acting in accordance loss. (not applicable in Nevada)
tr	ransactio	ns to Owne	er. If the Company do	oes not employ such pr	te that the transfer instructions are genuine and will provide confirmation of all rocedures, it may be liable for losses due to unauthorized or fraudulent me that you authorize telephone transfers and/or electronic requests.
			orida, lowa, Nevada ephone and/or electr		orth Dakota: If no election is made, the Company will assume you do NOT
	☐ Yes	□ No	Electronic Delive	ry Consent	

Related correspondence (privacy notice and other notices to customers)

and semiannual reports for the underlying funds)

Account documents (quarterly statements and confirmations)

I confirm that I have access to a computer with the hardware and software necessary (Adobe Acrobat®, Internet access, and an active email account) to receive this information electronically—in the form of a compact disc, by email, or by notice to me of a document's availability on the Company website. I confirm that I have the ability to retrieve and retain electronic communications that are subject to this consent. I understand that I must provide my email address under Section 2 of the Application to use this service.

Legal disclosure materials (prospectuses and prospectus supplements for the variable annuity and the underlying funds and annual

I understand that:

- There is no charge for electronic delivery, although I may incur the costs of Internet access and computer usage.
- I may always request a paper copy of this information at any time for no charge, even though I consent to electronic delivery.

 The Company is not required to deliver this information electronically and may discontinue electronic delivery in whole or part at any time.

This consent is effective until further notice by the Company or until I revoke it.

Please call [1-800-445-7862] if you would like to revoke your consent, receive a paper copy of any of the above information via U.S. mail, or need to update your email address indicated in Section 2 of this Application.

→8Notices and Disclaimers

Fraud Warning (applies to all states, except Arizona and the states noted below): Any person, who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

For applicants in Arkansas and Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Colorado: Fraud Warning: It is unlawful to knowingly provide false, incomplete, misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services.

For applicants in the District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For applicants in Kentucky: **Fraud Warning**: Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime.

For applicants in Louisiana-and Maryland: WARNING: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Maryland: WARNING: Any person who knowingly *or* willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly *or* willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Maine, Tennessee, Virginia, and Washington: Fraud Warning: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

For applicants in New Jersey: Fraud Warning: Any person who includes any false information on an application for an insurance policy is subject to criminal and civil penalties.

For applicants in New Mexico: Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is quilty of a crime and may be subject to civil fines and criminal penalties.

For applicants in Ohio: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing any false, incomplete, or misleading information is guilty of insurance fraud.

For applicants in Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

For applicants in Pennsylvania: Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

→9Acknowledgements and Signature(s)

9(a). Replacement

☐ Yes ☐ No Do you have any existing life insurance or annuity contracts? (Must check either Yes or No.)

Joint	owner's	signatur	re (if applicable)Date	
			Date	
	•	stateme third de		
	•		olicants in Alaska: Information provided by the applicant are representations and not warranties.	
	•		nature below indicates that I am providing my investment allocation election on the separate Investment Option n Form included with this Application.	
	•	Enhanc	stand that the Company reserves the right to allocate my Purchase Payment(s) and any Initial Payment cement(s), if applicable, to the cash management investment option until the end of the Right-to-Examine period.	
	•	tax defe	funding a tax-qualified retirement plan with this annuity, I understand that the annuity does not provide any additional treatment beyond that which I already have under my plan.	11
	•	variable State G bear all	stand that all Purchase Payments and values provided by the Contract, when based on investment experience of the e portfolios, are variable and are not guaranteed as to dollar amount by the Company, the U.S. Government, or any lovernment; are not federally insured by the FDIC, the Federal Reserve Board, or any other agency, Federal or State. I market risks, except on amounts allocated to the available Fixed Account Options.	I
		annuity	r is suitable for my objectives and needs. (Minnesota exempted.)	
	•		carefully and understand their contents. (lowa and Minnesota exempted) consulting with my registered representative/licensed agent and reviewing the prospectuses, I confirm that this variab	ole
	•		wledge that I have read the current prospectuses for this variable annuity and the applicable underlying funds of the	ļ
		provide prospec request	ed me with a paper copy of the prospectus. I understand future prospectus supplements and other amended/updated ctuses, including the underlying funds prospectus, will be delivered to me in paper form. I also understand that I may tap prospectus in paper format at any time by calling the Annuity Service Center at [1-800-445-7862.] I acknowledge of the current prospectuses for this variable annuity and the applicable underlying funds of the trusts.	1
	<u> </u>	that I have receiving my reginability to	dge receipt of the current prospectuses for this variable annuity and the applicable underlying funds of the trusts and ave read them carefully and understand their contents (lowa and Minnesota exempted). If applicable, I consent to any the initial prospectus for the variable annuity product on the compact disc (the "CD Prospectus") given to me by istered representative. I acknowledge that I (i) have access to a personal computer or similar device, (ii) have the to read the CD Prospectus using that technology, and (iii) am willing to incur any costs associated with using and ining that technology. If I cannot view the CD Prospectus, I have informed my registered representative and he/she had a control of the control of the current of the control of the control of the control of the control of the current of the control of the current of the control of the current	
9(c).	My and	swers to art of an	Owner(s) the above questions are true and correct to the best of my knowledge and belief. I agree that this Application shall by Contract issued by the Company. Further:	
	ot In	herwise l vest my f	funds into a cash management investment option for 36 days from the date the Company issues the Contract, unless I direct later during the waiting period. funds immediately in my chosen stock and/or bond portfolios. I understand that by doing so, I am subjecting my investment to in/losses during the waiting period.)
9(b).	For Ov amoun where check	vners an t that will your Pur	ht-to-Examine Period and Annuitants age 60 and older. Under California law, there is a 30-day Right-to-Examine period of your Contract. The labe returned to you if you cancel your Contract during this 30-day period will depend on the election below, which designates rehase Payments will be allocated during the Right-to-Examine period. Please check one of the following boxes. If you do not see boxes, we will automatically invest your funds in the cash management investment option for 36 days from the date we fact.	
	-		of the above, please provide the information on the required forms and include them with this Application.	
			Will the purchase of this annuity result in the replacement, termination, or change in value of any existing life insurance or annuity contracts? (Must check either Yes or No)	
		□ N.	Page 6 of	•

■ Yes ■ No Do you have reason to believe that any existing life insurance or annuity contract has been (or will be) replaced, surrendered, withdrawn from, loaned against, changed, or otherwise reduced in value in connection with this transaction, assuming that the Contract applied for will be issued?

Do you have reason to believe that the applicant has any existing life insurance or annuity contracts?

I affirm that I have instructed the applicant to answer the questions in Section 9(a) appropriately. If the answer to either question is "yes," I am providing the information on the required forms and including them with this Application.

■ No

☐ Yes

I am authorized and/or appointed to sell this variable annuity. I have fully discussed and explained the variable annuity features and charges including restrictions to the Owner. I believe this variable annuity is suitable given the Owner's investment time horizon, goals and objectives, and financial situation and needs. I represent that: (a) I have delivered current applicable prospectuses and any supplements for the variable annuity (which includes summary descriptions of the underlying investment options); and (b) have used only current SunAmerica-approved sales material.

I certify that all information I have taken from the Owner has been truly and accurately recorded on this Application.

1. Regist	ered Representative's/Li	censed Agent's signature:					
Registere	ed Representative's/Lice	nsed Agent's name (please pri	int): <u>Joe Agent</u>				
Address:	58910 Agent Street	А	ny City, CA 12345				
Phone _	(310) 555-1245	Licensed Agent ID number	123ABC	Email	joe@agent.c	com	
Broker / I	Dealer firm name	ABC Broker					
2. Regist	ered Representative's/Li	censed Agent's name (please	print)				
Address:							
		Licensed Agent ID number					
Broker / I	Dealer firm name						
		censed Agent's signature					
Registere	ed Representative's/Lice	nsed Agent's name (please pri	nt)				
Address			City			State	ZIP
Phone ()	Licensed Agent ID number			Email		
If Solicita	tion State is Florida. Flor	rida License Identification num	ber:				
For Com	mission Option availal	bility, Gcheck with your home	office -for availability (ava	ailable opti		roduct)	
Option	n 1	☐ Option 3 ☐ C	Option 4	on 5			
		please indicate commission spl					
Represer	ntative 1 Re	epresentative 2 Rep	presentative 3				
	here are more than three tatives, on a separate do	e representatives, please attac ocument.	h all required representa	ative inforn	nation, includir	ng commission :	split among all